

DOCUMENT RESUME

ED 149 507

EC 103 579

AUTHOR Santamour, Miles; West, Bernadette
TITLE The Mentally Retarded Offender and Corrections.
INSTITUTION National Inst. of Law Enforcement and Criminal
Justice (Dept. of Justice/LEAA), Washington, D.C.
PUB DATE Aug 77
GRANT 75-NI-99-0125
NOTE 65p.; Type size is small in bibliography section
AVAILABLE FROM Superintendent of Documents, U.S. Government Printing
Office, Washington, D.C. 20402 (Stock No.
027-000-00528-4)

EDRS PRICE MF-\$0.83 HC-\$3.50 Plus Postage.
DESCRIPTORS Adults; *Correctional Education; Corrective
Institutions; *Criminals; Definitions; *Delinquency;
Delinquent Rehabilitation; Legal Problems; *Mentally
Handicapped; *Program Planning; *Rehabilitation;
Research Reviews (Publications); State of the Art
Reviews; Young Adults

ABSTRACT

The booklet provides an overview of the issues involved in correctional rehabilitation for the mentally retarded offender. Reviewed are clinical and legal definitions of criminal behavior and retardation, and discussed are such issues as law enforcement and court proceedings problems, pros and cons of special facilities, labeling, normalization, and right to treatment. A section on the state of the art considers research and recent trends in such areas as personnel training and programs for adult retarded offenders. A model using functional concepts of retardation and criminal behavior is proposed. The final section focuses on planning and implementing a program for retarded offenders, with consideration of such factors as initial diagnosis and classification; content of an activities of daily living program; and related counseling, medical, and therapy services. (CL)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED 149507

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

THE MENTALLY RETARDED OFFENDER AND CORRECTIONS

By
**MILES SANTAMOUR
BERNADETTE WEST**

This project was supported by Grant No. 75 NI-99-0125 awarded to the American Correctional Association by the National Institute of Law Enforcement and Criminal Justice, Law Enforcement Assistance Administration, U.S. Department of Justice, under the Omnibus Crime Control and Safe Streets Act of 1968, as amended. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

August 1977

National Institute of Law Enforcement and Criminal Justice
Law Enforcement Assistance Administration
U.S. Department of Justice

FC103599

**NATIONAL INSTITUTE OF LAW ENFORCEMENT
AND CRIMINAL JUSTICE**

Gerald M. Caplan, *Director*

**LAW ENFORCEMENT ASSISTANCE
ADMINISTRATION**

For sale by the Superintendent of Documents, U. S. Government Printing Office
Washington, D.C. 20402
Stock Number 027-000-00528-4

FOREWORD

Retarded offenders have unique needs which often are not met by the correctional system. They frequently have difficulty grasping prison routines, resulting in persistent infractions of rules and poor adjustment to prison life. Retarded offenders are more easily victimized in prison than the non-retarded offender. They, in turn, however, are more aggressive in victimizing the retarded non-offender in facilities for retarded persons.

The authors conclude that retarded offenders have a greater capability to become responsible and independent than is realized, and they generally respond well to treatment and support when it is provided.

This Prescriptive Package, funded by the National Institute was prepared to provide a broader understanding of the retarded offender, and to facilitate improved correctional and rehabilitative services designed specifically for this special group.

Gerald M. Caplan, *Director*
National Institute of Law Enforcement
and Criminal Justice

GOT A MOMENT?

We'd like to know what you think of this Prescriptive Package.

The last page of this publication is a questionnaire.

Will you take a few moments to complete it? The postage is prepaid.

Your answers will help us provide you with more useful Prescriptive Packages.

CONTENTS

	<i>PAGE</i>
FORWARD	iii
ACKNOWLEDGMENTS	ix
I. INTRODUCTION	1
A. Clinical and Legal Definitions of Retardation and Criminal Behavior	2
II. PRESENTATION OF THE FACTS AND A DISCUSSION OF ISSUES	3
A. An Historical Perspective	3
B. The Mentally Retarded Offender—Identification and Numerical Representation	3
C. Issues in Law Enforcement and Court Proceedings	5
1. Problems of identification	5
2. Competency	6
3. Special offenders courts	7
4. Probation	7
D. Profile of the Retarded Offender in the Correctional Setting	7
1. Types of offenses	7
2. Age, race and sex	8
3. Personality	8
4. Adjustment to prison	8
5. Length of incarceration	9
E. Rehabilitation in Corrections: Past and Present	9
F. Special Facilities—Past and Present: Pros and Cons	11
1. Patuxent Institution—Indeterminate sentences	11
G. Labeling	12
H. Normalization	13
I. Right to Treatment	12
J. The Prison Culture	14
III. THE STATE OF THE ART: AN OVERVIEW OF THE RESEARCH, CONFERENCES, SURVEYS AND PROGRAMS	16
A. The Research	16
B. Recent Trends	18
1. Programs for training criminal justice personnel	18
2. Court related activities	19
3. Programs for retarded juvenile "delinquents"	19
4. Programs for adult retarded offenders	20
C. Conferences	21
D. Survey of Administrators	21
E. Evaluation of the State of the Art—A Survey of Practicing Professionals	22
F. Charleston Symposium's Recommendations for Action	23
G. Conclusions Drawn from the Authors' Research	24

TABLE OF CONTENTS (continued)

	<i>PAGE</i>
IV. FUNCTIONAL CONCEPTS OF RETARDATION AND CRIMINAL BEHAVIOR	26
A. The Nature of Retardation	26
B. The Nature of Criminal Behavior	28
C. The Retarded Individual and Criminal Behavior	28
V. PLANNING AND IMPLEMENTING A PROGRAM FOR RETARDED OFFENDERS	30
A. Program Goals	30
B. Objectives Toward the Accomplishment of the Goals	30
C. Strategies and Benefits	30
D. Initial Diagnosis, Classification and Evaluation	31
1. Initial diagnosis	31
2. Classification and grouping of the retarded inmate	32
3. Evaluation	34
E. Program	35
1. Cognitive, pre-vocational and vocational evaluation and training	36
a. The setting—description and purpose of a sheltered workshop	37
b. Cognitive evaluation and training	38
c. Pre-vocational evaluation and training	38
d. Vocational evaluation and training	38
2. Activities of daily living program	39
a. Grooming	40
b. Laundering	40
c. Menu planning and food preparation	40
d. Housekeeping	40
e. Budget preparation and money management	40
f. Human sexuality, marriage and family planning	40
g. Drug and alcohol education	41
h. Current events	41
i. Civil and legal rights	41
j. Community resources	41
k. Leisure time activities	42
F. Services	42
1. Group counseling and therapy	42
2. Individual counseling and therapy	43
3. Medical services	43
4. Speech pathology, audiology and language development	44
5. Physical and occupational therapy	44
G. Schedule of Daily Activities	44
H. Residential Units	44
I. Staffing	45
1. Selecting staff	46
2. Staff training program	46
J. Maintenance of Records	47
VI. SUMMARY	48
* BIBLIOGRAPHY	51

ACKNOWLEDGMENTS

Project Advisors

Julius Cohen
Floyd Dennis
Eleanor Vander Hagaen

Chapter Advisors

James Cleary
John Fanning
Kenneth Sargent
Michael Worthen

Manuscript Reviewers

Myrtle Cheatham
Paul Chernoff
Julius Cohen
Floyd Dennis
John Fanning
Charles M. Friel
Jerris Leonard
Allen Menefee
L. Patrick Norton
Mickey Norris
Carol D. Santamour
Vickie Schwartz
Ruth Seymann
Michael Warner-Burke

Special Acknowledgments

American Correctional Association
President's Committee on Mental Retardation
Legal Process Subdivision, American Association on Mental Deficiency
Louis Biondi, Project Monitor

CHAPTER I. INTRODUCTION

Within the correctional system there are offenders who, while considered legally sane and competent to stand trial, are mentally retarded. Their intellectual level and social adaptability measure well below average, yet they are adjudged to be legally responsible for their actions.

In their national survey of prisons, Brown and Courtless (1971) found that close to 10 percent of all incarcerated inmates were mentally retarded with I.Q.'s below 70. For many years it has been recognized that persons in this group of offenders serve longer sentences than their counterparts, and that they require a disproportionate amount of supervision and staff time. They have a good potential for benefitting from programming, yet they suffer a gross lack of appropriate services and, more often than their counterparts, they are victims of injustices within the correctional system.

Administrators in both fields (corrections and retardation) have a tendency to regard the retarded offender as a misfit in their system of services. They look to each other to assume responsibility for programming and funding. Because of the limited resources available to each system and even more pressing concerns, the result is often very limited programming.

The special needs of the mentally retarded offender are unique and the program models are few. Those models that do exist are limited primarily to special education programs which are geared more to the needs of the individual with other learning disabilities than those of the retarded person.

With the endorsement of the President's Committee on Mental Retardation the American Correctional Association has prepared this Prescriptive Package to facilitate equal and constructive treatment of retarded offenders. The project was funded by the National Institute of Law Enforcement and Criminal Justice of the Law Enforcement Assistance Administration in the U.S. Department of Justice.

It is the intention of this prescriptive package to set forth a system of correctional services for the retarded offender and to offer guidance in the

procedures for implementing these services. This guidebook calls attention to an area of need that has long been neglected. It seeks to broaden the understanding of the correctional personnel with regard to the retarded offender and to help the offender himself develop the skills necessary for an adequate adjustment to prison and later to community life.

It is hoped that this book will provide certain benefits for the retarded offender to include: assistance in obtaining equal protection and equal rights in the correctional system; comprehensive assessment of his developmental skills; training directed at meaningful goals that are appropriate to his needs and abilities; and programs facilitating transition from prison to community which will reduce the rate of recidivism. More immediate benefits to the correctional administrator and program personnel include: a comprehensive review of the state of the art; a broadening of the understanding of the offender, his needs and rights; guidelines and technique to be used in evaluating, planning and implementing programs for the individual offender and groups of offenders; guidance for staffing and budgeting programs; curriculum for training treatment staff and associated correctional personnel; and methods for evaluating the effectiveness of programming.

This prescriptive package was developed through a three-step process consisting of a review of the relevant literature, on-site analysis of projects working with retarded offenders and interviews with a broad range of personnel.

The writers analyzed and annotated literature, research and training curricula relevant to the retarded offender. They surveyed professionals currently engaged in both fields — retardation and corrections. They also identified and visited appropriate sites in order to evaluate the techniques and methods used in the operation of these projects.

In addition, the staff went into the field to interview a broad range of personnel, including professionals in the field and offenders. Specialists in the areas of correctional and general criminal justice con-

tributed views on planning, administration, training, treatment, and after-care in these interviews.

This volume applies itself to four tasks each of which is treated in a separate chapter. Chapter II presents a comprehensive review of the literature and research materials which cover all pertinent issues, presenting both sides of varying views and adding remarks of the authors. Chapter III is a discussion of the state of the art, and includes a review of program activity in the criminal justice system as it affects the retarded offender. It provides a discussion of issues in law enforcement, court proceedings, corrections and probation and parole. There is a review of parole and probation programs, advocacy programs, conferences on the retarded offender, and a survey of professionals in both fields. Chapter III concludes with an evaluation of the effects of program efforts along with recommendations for further activity.

Chapter IV offers a conceptual framework by which practical definitions of retardation and criminal behavior are developed. With this background the reader is prepared to appreciate fully the prescribed programs which are based on the findings of the previous four chapters and are presented in Chapter V.

To make this prescriptive package more effective and useful, the authors developed independent sections within the book that can be easily scanned without the necessity of reading chapters that precede. The readers to whom this volume is directed are so diverse in their needs that, it seemed, some means had to be offered to help readers find areas of their special interest. Accordingly, certain information was repeated in each chapter. This repetition was required to lay the groundwork for each new section. It is hoped, however, that the serious programmer will want to read the entire volume carefully in order to better understand the process by which the prescription was formulated and the reasons for the shape it takes.

In closing this introduction it should be emphasized that all offenders within the correctional system, whether or not retarded, demand our attention. Abuses are all too frequent and few inmates are spared from the pervasively negative impact of the correctional system itself. The consideration given here to the special needs of the retarded offender is not meant in any way to endorse the conditions under which prisoners in general are treated but rather to draw attention to the special needs of this group in the hope that a beginning can be made someplace.

A. Clinical and Legal Definitions of Retardation and Criminal Behavior

Because of the confusion as to what is meant by retardation and criminal behavior, the following legal and clinical definitions are presented. However, it is recognized that they are of very little practical value in developing programs -- hence Chapter Four.

The American Association on Mental Deficiency (AAMD) defines retardation as the condition which exists when there is "significantly subaverage general intellectual functioning concurrent with deficits in adaptive behavior which is manifested during the developmental periods." In clarifying this definition, the AAMD defines "significant subaverage performance" as existing when an individual scores two standard deviations below the mean or average score using standardized tests. On the most commonly used standardized tests, the Stanford-Binet and Wechsler, this represents an I.Q. score of approximately 70.

The AAMD defines "adaptive behavior" as "the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group." Criminality refers to behavior considered under procedures of due process, and labeled in opposition to the established legal codes.

CHAPTER II. PRESENTATION OF THE FACTS AND A DISCUSSION OF ISSUES

A. An Historic Perspective

In reviewing historical and philosophical trends in the study of the retarded offender, it is noteworthy that prior to the late 19th century, there was little attempt to differentiate between the mentally retarded individual and one who commits a crime. Furber (1968) tracing the development of theories with respect to mental retardation and criminality notes that for the majority of theorists there existed a general equation between criminality and subnormal intelligence.

Brown and Courtless (1971) have outlined three phases in the development of theories concerning the mentally retarded person and criminal behavior which characterized the late 19th century and the early 20th century. From 1890-1920, theorists felt that mental retardation *predisposes* a person to commit criminal acts — linking mental retardation and criminality with poverty, insanity and moral and physical degeneration (Clarke, 1894; Fernald, 1909). Close to the onset of World War I, intelligence testing was begun, pointing out the earliest attempt to discriminate between mental retardation and criminal behavior. Studies based on testing report the numbers of criminals falling in the retarded range as generally high (100 percent according to Goddard, 1916).

The second period which Brown and Courtless refer to — 1921-1960 — has been called the time of "denial and neglect." Theorists questioned whether in fact mental retardation predisposes one to commit criminal acts. They adopted the view that levels of intelligence must be considered within their environmental context (Jenkins, 1935; Lane, 1935). For the first time an attempt was made to relate social factors with intelligence levels, moving away from the constitutional explanations offered by theorists such as Lombroso (1911).

Currently there is less of a reluctance to associate retardation directly with delinquency as had been the case in the forties and fifties. Much of the revived interest of the 1960's to date has been generated by

the legal community and not criminologists. Such a phenomenon stems from a growing awareness that the preponderance of mentally retarded individuals involved in the criminal justice system may be more an administrative and legal artifact than evidence for a causal relationship between mental retardation and criminality (President's Panel on Mental Retardation, 1965; Mylntyre and Lindman, 1961; Haskins and Friel, 1973).

B. The Mentally Retarded Offender—Identification and Numerical Representation

Recent studies have shown a disproportionately high percentage of prison inmates who are retarded. Zeleny (1933) studied the findings of intelligence tests of over 60,000 inmates and reports that in fact the number of retarded offenders is close to 30 percent of the inmate population. A comprehensive effort to identify the number of retarded offenders incarcerated was conducted by Brown and Courtless (1971) in which they report that 9.5 percent of the inmate population was mentally retarded (I.Q. below 70).

Levy (1967) found that the rate for juvenile offenders (under 21) was less than 10 percent and closer to 4 percent. Texas found a rate of 10 percent for adult offenders and 12-16 percent for juvenile offenders. The Atlanta, Georgia, Association for Retarded Citizens (1975), attempted to identify its retarded offender population and placed the percentage at 27 percent. South Carolina Department of Corrections (1973) reported a figure of 8 percent in the Department of Corrections. Estimates of mental retardation in the general population range from 3 percent (Coleman, 1972) to 1 percent (Tarjan, *et al.*, 1973).

Determining the number of retarded offenders is difficult for many reasons. There is a lack of clear guidelines for making estimates from facility to facility due to variations in I.Q. levels indicative of retardation. Most studies however designate an I.Q. score of 70 or below as indicative of mental retardation.

Another problem lies in variations in tests used for evaluation. Still others are in the variability of conditions under which the tests are administered. There is serious questioning of the use of I.Q. tests as indicative of mental retardation and the meaning of the I.Q. score. As a measure of behavior which is influenced by the culture in which an individual resides, I.Q. tests, as all psychological tests, reflect the cultural orientation of their originators, i.e., white middle-class, Anglo-Saxon, Protestant values. The tests therefore contain a cultural bias which cannot judge fairly intelligence levels of individuals from other cultural backgrounds. As recognized by the American Association on Mental Deficiency, "the application of tests across cultures . . . unless properly standardized . . . is likely to lead to serious errors in individual diagnosis and the rates of mental retardation" (Grossman, *et al.*, 1973). For example, when Brown and Courtless conducted their national survey of retarded offenders in correctional institutions, they found the national average to be 9.5 percent, with geographical differences in the percentage varying from 2.6 percent in the Mountain States to 24.3 percent in the East South Central States. Assuming the reliability of the study by Brown and Courtless, such geographical variation suggests the operation of socio-cultural variables in determining the percentage of mentally retarded offenders.

Consideration of the inadequacy of the I.Q. test has suggested a necessary broadening of means used in the assessment of mental retardation. In the 1959 American Association on Mental Deficiency's *Manual on Classification and Terminology*, the importance of the measurement of levels of adaptive behavior was noted, and the manual provided for four levels of measurement of adaptive behavior, using tables suggesting behavioral indices for the four levels. The present definition of mental retardation includes, therefore, reference to sub-average general intellectual functioning and deficits in adaptive behavior. Adaptive behavior was defined as "the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group." Three aspects of this behavior include: maturation, learning, and/or social adjustment. Once again, there exists wide variations in environmental demands to which individuals are subjected, and the definition of maladaptive behavior is fraught with complications — who defines what is normal? As Schwartz (1976) states, there is potential danger, due to a cultural differential, of what constitutes socially acceptable adaptive behavior.

Recognizing the problems of both I.Q. tests and scales of adaptive behavior, the AAMD urges "caution in their application rather than denial of their fundamental utility. Taken independently . . . neither I.Q. nor adaptive behavior are sufficient for individual diagnosis or classification purposes. Applied as dual measures, however, and supplemented by clinical judgment and biomedical information, the system . . . can . . . fulfill its basic purpose." (Grossman, *et al.*, 1973)

Certain facets of the literature dealing with the retarded offender have looked at the quantity and quality of testing being done in the correctional setting. Brown and Courtless found that close to 70 percent of those institutions responding to their surveys reported doing routine testing for all admissions. A rather large assortment of tests were being used to measure intelligence; however, the most frequently used tests were the Wechsler Intelligence Scale for Children and the Wechsler Adult Intelligence Scale. Haskins and Friel (1973) found in their national survey of correctional institutions a greater prevalence of intelligence testing than had been expected. Approximately 84 percent of responding institutions reported testing under conditions deemed necessary for reliability. Both surveys note a response rate of 80 percent.

As to the reliability of institutional testing, Brown and Courtless found after retesting a sample of those identified as retarded by their institutions, that 75 percent retested below an I.Q. of 70 using standard measures. The researchers felt that this would verify the reliability of institutional testing procedures regardless of the lack of standardization in testing.

Seventy-five percent of those surveyed by Brown and Courtless reported that I.Q. tests were given to inmates by psychologists, while other institutions used social workers, classification officers and inmates under the supervision of a psychologist. Several institutions do not routinely test and were therefore unable to provide I.Q. scores.

In this same survey, a shortage of mental health manpower was noted from responses by institutions. Standards with regard to the number of psychiatrists, psychologists, social workers and counselors set by the American Correctional Association were not being met.

As noted earlier, attempts to assess the numbers of retarded offenders incarcerated have resulted in a wide range of estimates. However, most of these studies also reported a certain amount of heterogeneity amongst this group of retarded offenders in levels of retardation. For example, Brown and

Courtless note that 1.6 percent (1,454 inmates) of those incarcerated in penal and correctional facilities had I.Q. levels below 55. Other studies found similar I.Q. distribution.

Although the mentally retarded are referred to as a group, there are sub-classifications within, such as mild, moderate, severe and profoundly retarded individuals. In discussing the retarded offender, it is important to consider the heterogeneity of this group also. Individuals who are profoundly and severely retarded (I.Q. under 50) would be easily identifiable as retarded at the time of arrest. Most would be diverted from the criminal justice system shortly after arrest to state residential facilities for retarded persons. That this is the prevalent practice has been substantiated by Project CAMIO, Vol. 5. *A Study of State Residential Facilities for the Mentally Retarded*.

The CAMIO Project estimated that no more than 10 percent of the population in residential facilities for retarded persons had had previous contact with the criminal justice system. Based on a survey of a sample of state facilities, we found that estimates averaged five percent.

It should be noted that there are no statistics on the numbers of retarded offenders in facilities for the mentally ill, local jails or houses of detention. In addition, there is no estimate of the numbers diverted from the criminal justice system. However, in the latter case, there is evidence to suggest that retarded persons are diverted less frequently than non-retarded persons.

It is rather certain that the retarded offender represents a disproportionate percentage of the incarcerated. Reasons offered for this over-representation suggest several alternative or complementary explanations: 1) mental retardation predisposes an individual to commit criminal acts; 2) being less adept, they are easier to apprehend and convict; 3) probation and other forms of diversion are used less frequently with retarded persons; 4) parole is not as available to the retarded person. All four attempts to explain the problem will be explored more fully in the following sections. There will also be a presentation of a general profile of the retarded offender as developed from the literature and experience of the authors.

C. Issues in Law Enforcement and Court Proceedings

1. *Problems of identification.* A number of abuses and problems are to be found in the criminal justice system's procedures in handling the retarded offender. Brown and Courtless in their survey of

incarcerated offenders studied the history of a sample of offenders as they passed through the criminal justice system and found a series of possible abuses and problems:

In 7.7 percent of the cases there was evidence that the retarded person was not represented by an attorney and where representation was found, in 69 percent of the cases such representation was court-appointed.

Fifty-nine percent entered pleas of guilty. In those cases where pleas of not guilty were entered, 40 percent of the retarded individuals waived jury trial.

In 80 percent of the cases the original charge was the same as the convicting charge. Confessions or incriminating statements were obtained from the retarded in two-thirds of the cases studied.

In almost 78 percent of the cases, no pretrial psychological or psychiatric examinations were made. In only 20 percent of the cases, presentence examinations were made. The issue of competency to stand trial and criminal responsibility were not raised in 92 percent of the cases under study.

In 88 percent of the cases, no appeals were made and post conviction relief was not requested in 84 percent of the cases.

Much of the literature testifies to findings such as these. Giagiari (1971) points out that retarded suspects confess more easily, they react to friendly suggestions as well as intimidations, and they plead guilty more often. Haggerty (1972) and the President's Task Force on Law (1963) reported that when a retarded person does go to trial, his ability to remember details, locate witnesses, and testify credibly is limited.

Here is found a framework for serious abuse within the criminal justice system, supporting the conclusion of Haskins and Friel (1973) that the disproportionate number of retarded offenders is a legal and administrative artifact, and not necessarily the result of a direct causal relationship between mental retardation and criminal behavior.

The problem of inappropriate and infrequent training for criminal justice personnel has recently received much attention in the literature. The training of criminal justice personnel is an important factor in alleviating the problems of the retarded offender. The overwhelming consensus demands increased training programs for criminal justice personnel — including law enforcement officers, lawyers and judges. A recent article by Haggerty, Kane and Udall (1972) illustrates some of the complexities of this problem. They present the argument that too often a client's defense may be hampered or even mishandled because attorneys, as a group are not aware of the problems of the retarded person. Allen (1968) emphasizes this same point. He feels that the criminal justice system fails to recognize the

retarded offender. The following quotes from interviews provided by Allen illustrate this lack of awareness.

... we all thought he was dumb, but he was a mean ———, and we were all a little afraid of him. (Taken from discussion with a prosecuting attorney. The defendant was later retested at an I. Q. score of 57.) I don't recall that any of my clients were retarded. (Taken from discussion with a public defender, and later, several of his clients were found to be retarded.)

Recognizing the importance of training criminal justice personnel, several attempts have been made to develop manuals and training programs. Some of these manuals and programs are better than others because they contain more up-to-date information on mental retardation. All of them are valuable, however, in view of their role in alerting law enforcement officers to the problem of the retarded. A discussion later will provide more detailed information about training programs.

Many states are presently attempting to inform their criminal justice system through pre-sentence evaluations and reports on clients delivered to lawyers and judges. An example is Pima County's (Arizona) Special Services for the Mentally Deficient Probationer (1975).

The general confusion from a lack of comprehensive knowledge about mental retardation on the part of professionals is further compounded by the myriad of legal definitions of mental retardation which vary from jurisdiction to jurisdiction. Very often laws make no distinction between mental illness and mental retardation, and very often the solution employed in handling the retarded individual is to place him in a mental hospital. Under certain 'defective' delinquency laws the mentally retarded are categorized with the sociopath, and certain sexual offenders. Mental illness and mental retardation are two different things.

2. *Competency.* Very much related to the confusion between mental illness and mental retardation is the issue of competency. Competency can be defined generally as the ability to cooperate with one's attorney in one's own defense and the awareness and understanding of the consequences of those proceedings. In cases where the issue has been raised, a judgment must be made in order to determine whether the accused person should stand trial at the time, or whether a delay is in order until the person is restored to competency.

In the case of retardation, restoration to competency should not be the issue. This is very different from the issue of competency in relation to mental illness where it is presumed the individual's "illness"

influences his competency and restoration is possible. The question the courts should weigh is the person's level of competency and his potential for becoming more competent. "Rehabilitation" or treatment for the mentally retarded offender should be directed toward raising his level of competency or providing a mentor or compassionate guide to compensate for his deficiencies.

In many cases mental illness is transitory often with a reduction of symptoms leading to recovery. But for the mentally retarded person the deferment of trial for reasons of incompetency has very often resulted in lifetime commitment to an institution since it is not likely that the individual will be cured of retardation.

In many ways the use of incompetency to stand trial has been detrimental to retarded people. As the President's Committee on Mental Retardation (1974) points out:

The mentally retarded person is in a uniquely damned position before the courts. If his disability remains undetected, his chance of receiving proper court handling is reduced. But if his impairment is recognized, he may receive a long term institutional commitment without a trial for the alleged offense.

Wald (1976) has pointed out that for the retarded person accused of a crime, there are problems involved with all available options. Either the person passes through the criminal justice system with all its potential for abuse, or else he maintains the incompetency to stand trial and becomes subject to all the outcomes of such a decision.

It is very important to be able to assess competency empirically in relation to mental retardation by well-defined criteria. Although McGarry *et al.* (1973) attempted to measure competency with mentally ill individuals using ego functions deemed necessary for a defendant competent to stand trial, this method is not a measure of the areas of psychological functioning which are related to competency for retarded people. To our knowledge, no other attempt to develop a quick instrument to assess the competency of the retarded individual has been undertaken.

In recent years, individuals have become aware of the abuses involved with the use of the competency issue. The court recently considered the matter in the case of *Jackson v. Indiana* (PCMR, *Mentally Retarded and the Law*, 1975), where the individual maintained that confinement under certain conditions deprived him of his rights. In the report on the status of current court cases, the President's Committee on Mental Retardation (1975) reports that the Supreme Court held, *inter alia*:

... that a person charged by a State with a criminal offense who is committed solely on account of his incapacity to proceed to trial cannot be held more than the reasonable period of time necessary to determine whether there is a substantial probability that he will attain that capacity in the foreseeable future. If it is determined that this is not the case, then the State must either institute the customary civil commitment proceeding that would be required to commit indefinitely any other citizen or release the defendant.

Much criticism has been leveled at the handling of the issue of competency — dealing with more than the potential harm brought to the retarded individual, the Laboratory of Community Psychiatry of Harvard's Medical School recently reviewed the issue of competency to stand trial and mental illness and found that in the Massachusetts criminal justice system there were serious abuses of due process in the use of competency procedures. It also declared inappropriate and unnecessary mental hospitalization on the competency issues appeared to arise largely from overworked courts seeking alternatives to the penal system. Even though not directly related to retarded persons, the question could be raised as to the extent of abuse in this area.

Likewise, Wald (1976) notes that "too often the incompetency issue has been a prosecutor's tool for plea bargaining or to put troublesome defendants away without a trial."

It is important to observe that the usual discussion of competency has dealt with the problem as if it were a black and white issue — either an individual is or is not competent. The President's Committee on Mental Retardation goes further to suggest that the courts should recognize gradations or degrees of competency.

3. *Special offenders courts.* In considering abuses existing within the criminal justice system, it is important to discuss the pros and cons of the "exceptional offenders" court. Allen (1966) has stated that unless the retarded offender is recognized as such at an early point in the criminal justice process, there is little hope of providing special treatment for him. In making his case, Allen points out that the problems of the retarded offender and the juvenile delinquent are essentially different in certain ways, and alternatives used in the handling of the latter are inappropriate for the retarded offender. It is therefore necessary to devise a special court capable of considering the specific nature of the problems unique to the retarded offender.

Such a "special" court could also prove to be problematic. Morris (1976) points out that to introduce the fact of mental retardation prior to sentencing is to risk possible disastrous consequences in

the end. He goes on to state: "The fact of mental retardation should not be used in the determination of guilt or innocence — only in the determination of the appropriate punishment or treatment." It seems reasonable that whether the person is retarded or not, the court should establish if he did or did not commit the act for which he is accused. Then, as Morris points out, the special considerations come into play in deciding appropriate treatment, punishment and degrees of guilt.

4. *Probation.* Probation is more commonly granted to individuals with higher intelligence and greater educational achievement. Work histories are very important also. The mentally retarded person, however, is generally undereducated and under-skilled. He is not considered a likely candidate for probation, although empirical evidence demonstrating this incapability is not available. Therefore, as Haskins and Friel point out, probation is arbitrarily denied on the basis of an unsubstantial belief in the inability of the retarded person to handle probation.

Pima County, Arizona (1975) has developed a probationary program for mentally "deficient" probationers which has been successful, using individual intensive counseling along with inservice training for counselors. The Massachusetts Bar Association has developed a program to identify the retarded offender early in the criminal justice system with the aim of placing more retarded offenders on probation.

D. Profile of the Retarded Offender in the Correctional Setting

1. *Types of offenses.* With regard to offenses committed by retarded inmates, the findings of the survey by Brown and Courtless indicate several things. Retarded offenders as a whole were found to have committed crimes of burglary and breaking and entering most frequently (38 percent of responding institutions ranked this as most frequent offense), while homicide was reported as the most frequent offense from 13 percent of the institutions. In comparison with offenses committed by non-retarded offenders, institutions reported that homicide was more frequently committed by retarded offenders. A follow-up survey of a sample of retarded inmates, identified as such by their institutions and having I.Q.'s below 55, revealed that 57 percent of this group was incarcerated for "crimes against persons" in comparison to 27 percent of all incarcerated offenders. Fifteen point four percent (15.4%) of this group of retarded inmates was committed for criminal homicide while 5.1 percent of the total population of

adults in correctional institutions were committed for the same offense.

Haskins and Friel (1973) in their survey of the Texas Department of Corrections report that there was little difference between retarded offenders and non-retarded offenders in terms of most frequent offense. However, they confuse the reader by pointing out that retarded offenders are more often convicted of rape and burglary while nonretarded are more commonly convicted of murder, robbery, forgery and drug offenses.

The Tennessee Research and Demonstration Project (Dennis, 1976) found that fewer crimes against persons were committed as intelligence levels decreased. The State of Kentucky found that 63.1 percent of the retarded offenders were incarcerated for "person crimes" and 36.9 percent for "property crimes." (State of Kentucky, Legislative Research Commission, 1975). McConochie (1970) found no significant relationship between WISC scores and type of offense committed.

Obviously, the findings vary. The over-representation of retarded offenders incarcerated for "crimes against persons" found in many of the studies must be viewed critically. Wolfgang (1967) has noted that homicide, as a crime, is much more obvious than any other offense. Thus, it is much easier to obtain a conviction. Although this is true in any case of homicide, with the retarded individual it may be easier to obtain a conviction. Many professionals have noted that retarded individuals may be unable to participate in their defense on a level comparable with the non-retarded defendant. Myths with regard to mental retardation are still perpetuated and when a retarded person is believed to be involved with a homicide, public outrage is often greater than with others. Another factor to be considered is the unknown number of retarded offenders convicted of "property crimes" who are placed in other facilities and are not incarcerated. Also, once incarcerated, retarded offenders tend to stay longer, serving longer sentences and piling up in prison. Also, plea bargaining is used less frequently and conviction for arresting offense is generally the case. A major consideration is that there is a wide diversity of kinds of retarded people and definitions of the condition thereby making comparisons invalid.

2. *Age, race and sex.* Much research has been conducted to assess other characteristics of the retarded offender population. Studies indicate that because the retarded inmate remains longer in the institution, he is generally older than his non-

retarded peers — approximately two years older according to the findings of Haskins and Friel (1973). The Kentucky (1975) study found that 55.4 percent of the retarded inmates were 28 years of age or older, and 43.0 percent of the non-retarded population fit into this category. Mann and Rosenthal (1971) found a significant relationship between age at first commitment and I.Q. The mentally retarded offender was committed at a significantly earlier age than his nonretarded counterpart. Other research supports the validity of these findings.

Mentally retarded offenders are disproportionately members of minority groups. Haskins and Friel (1973) found that two-thirds of the retarded offenders were black, while only one-third of the nonretarded group was black. Brown and Courtless in their sample of inmates with I.Q.'s below 55 found that 58 percent of this group were non-white. Other studies have reported similar findings (AARC, 1975; Boslow and Kandel, 1965; Marsh, Friel and Eissler, 1975). However, in light of the present awareness of biases in I.Q. testing with regard to minority groups, efforts should be directed toward the exploration of the relationship between mental retardation, minority groups and criminality.

With regard to sex, Brown and Courtless (1971) found that women inmates represented 6 percent of the retarded offender population — a proportion close to their representation in the total inmate population. Santamour and West found in their telephone survey of correctional facilities for women that the percentage of incarcerated females who were retarded varied from 2.5 percent in New Jersey to 6.1 percent in Tennessee with an average close to 3.7 percent.

Therefore, it appears that the retarded offender is generally a male, several years older than the non-retarded inmate and disproportionately a member of a minority group.

3. *Personality.* Several studies have outlined the personality of the retarded offender (Mann and Rosenthal, 1971; Miller, *et al.*, 1973; Brown and Courtless, 1971). Most of these studies demonstrate the retarded inmate's inability to tolerate frustration, an inability to delay gratification, poor impulse control and low level of motivation. The authors in their interviews with retarded offenders found that as a group they are anxious to be accepted, quick to engage in conversation, clever in masking their limitations, demanding of attention and easily persuaded.

4. *Adjustment to prison.* With regard to adjustment to prison by the retarded offender, Truxel and Sabatino (1972) report that the better adjusted

prisoner scored higher in arithmetic achievement than did the poorly adjusted. This is not by any means conclusive proof of better adjustment on the part of non-retarded inmates, but rather an interesting finding.

In 1967 Morgan found that more inmates with higher I.Q.'s escaped. It should be noted, however, that retarded offenders have escaped — if only acting on the plans of non-retarded inmates. Haskins and Friel (1973) found no difference between retarded and non-retarded inmates with regard to the number of escapes. Kentucky (1975) found that retarded inmates escaped or attempted to escape more frequently.

Staffs of several institutions reported that the retarded offender is slow to adjust to prison routine and has difficulty in comprehending what is expected of him, all of which result in a number of rule infractions. He is very often the brunt of practical jokes and is taken advantage of by his more intelligent peers (as a scapegoat or a sexual object).

Often retarded offenders find excuses for not participating in competitive activities and for not participating in formal rehabilitative programs because they do not wish to show their limitations. But once adjusted to prison routine, they are industrious workers at routine chores.

Little information relative to the effects of psychotherapy has been documented inasmuch as counselling is not often available. Retarded offenders in interviews with the writers often expressed a desire to "get out," but this desire was markedly less sincere or emotionally charged than when it was expressed by the average inmate. In discussing their offenses, they seemed to display less insight into their actions and offered fewer excuses for their behavior.

Some of the literature is addressed to problems of managing the retarded offender. These problems are two-fold: problems of administrators and programmers and problems of the retarded inmate himself. Based on the findings of the national survey of Brown and Courtless (1971), it appears that on the one hand, management faces a problem trying to provide adequate staff for the needs of the retarded offender. Institutions report that this group requires greater attention and therefore larger staffing. This takes away from services provided to the non-retarded population in prison. On the other hand, the retarded offender very often experiences abuse in prison from non-retarded prisoners who take advantage of less intelligent inmates. Other studies have documented such forms of abuse (Kentucky,

1975; Haskins and Friel, 1973; Illinois, 1975; South Carolina, 1973).

It appears that the problems are diametrically opposed to each other within the existing arrangement. Because of lack of funding, staffing cannot be made adequate and abuses suffered by this group persist. Administrators are caught in the dilemma of trying to provide for the total institutional needs and also to curb abuses of this group of retarded offenders (Brown and Courtless, 1971).

5. *Length of incarceration.* It was found that retarded offenders tend to serve longer sentences than non-retarded inmates for similar crimes. The study conducted in Kentucky (1975) points out that retarded inmates spend more time incarcerated in a penal institution for offenses committed than normal offenders. Forty-two percent (42%) of the retarded inmates had served more than three years of their present sentence while 23.5 percent of the non-retarded inmates had served more than three years of their present sentence. Several reasons are offered in the literature: 1) inability of the retarded offender to finish programs which are sometimes required for consideration for parole, 2) the nature of offenses for which the retarded offender is incarcerated, and 3) higher incidence of institutional trouble leading to loss of good time. The authors' survey substantiates these findings. In addition, it was learned that retarded offenders quite often are unable to present a well-defined employment and residential plan at parole hearings which also accounts for their serving longer sentences. Interviews with the staff of Patuxent (Maryland) Institutions and Bridgewater (Massachusetts) State Prison and Hospital indicate that retarded offenders who do not receive close supervision on parole recidivate quicker and more frequently than do non-retarded parolees. However, Haskins and Friel (Vol. 4, 1973) report no difference in rates of recidivism.

E. Rehabilitation in Corrections: Past and Present

In August of 1975, *U.S. News and World Report* noted a trend in corrections away from rehabilitation and towards punishment. The article is based on findings from a recent survey of the effectiveness of rehabilitation within prisons conducted by Martinson (1975). The research concludes that with few exceptions, rehabilitative efforts have had little success in reducing recidivism. Along the same lines, McGee (1971) notes similar circumstances within local jails through the United States.

Although the predominant philosophy is one of

rehabilitation and corrections, Nathan Leopold (1969) has noted:

Prisons as now constructed and operated, simply do not rehabilitate. There are very few individuals, I think who are rehabilitated *in* prison; never, I believe, are they rehabilitated *by* prison. On the contrary, they are rehabilitated *in spite of* prison.

Karl Menninger has likewise commented on the state of affairs:

I suspect that all the crimes committed by all the jailed criminals do not equal in total social damage that of the crimes committed against them. (1963)

State correctional facilities for adults today house over 187,000 people. Within this number is an overrepresentation of the poor, blacks, Hispanic and retarded people.

The ineffectiveness of rehabilitation applies to all offenders. Many professionals are concerned about the singling out of one group as more oppressed than others within the prison. This concern has merit. However, the retarded inmate experiences some special and unique circumstances which demand further investigation. A large amount of the recent literature shows great concern with the inappropriate handling of retarded offenders within the correctional or penal institution. Many researchers have noted that the mentally retarded offender remains unidentified as such in prison and experiences confinement of a custodial nature rather than rehabilitative or habilitative treatment. Brown and Courtless in their national survey of correctional and penal institutions found that 56 percent of those sampled offered no specialized programs of any sort for retarded inmates whose number has been estimated to be over 20,000.

Our research, conducted either by phone interview or site visits, has revealed that upon further investigation many of the programs are little more than remedial education and/or vocational training for individuals with delayed or borderline levels of intelligence. Seldom are these programs for the truly retarded offender. No prison in America, at the time of this writing, is using a developmental approach to the understanding of and programming for the retarded inmates. Such an approach would be the most logical in that it is oriented toward the identification and development of life skills.

Reasons offered for the lack of programming for retarded offenders in the correctional setting are numerous and include lack of sufficient funding, the ease with which retarded inmates may be "swept under the carpet" and the ill-founded belief that rehabilitation with this group is not possible. Indeed, the task is not one of rehabilitation but rather

habilitation. Very often the assumption is made that it is not possible to habilitate this group because levels of competency cannot be changed. This assumption is the underlying reason for the lack of services to the retarded offender and leads to warehousing of inmates with little opportunity for training, and the assignment of retarded offenders to menial institutional maintenance chores. There is little action taken in teaching retarded inmates new skills.

Retarded inmates are more often assigned to menial task assignments according to the study conducted in Kentucky. Likewise this same piece of research points out that only 52 percent of the retarded inmates were in academic and vocational schools. The South Carolina study (1973) of its retarded offender population pointed out that within the Department of Corrections rehabilitation programs for this group were not available. There were no special education classes, no special pre-vocational or vocational classes, and no special job categories. Therefore, the retarded inmate was assigned to menial tasks with little opportunity to advance. Since that study, South Carolina has begun a small program for retarded offenders in one of its prisons.

In recent years, individuals in the field of retardation have recognized the vocational and social potential of most retarded persons, and program after program has dramatically proven this point. It is important to examine the literature which provides insight into this development as a new potential for rehabilitation. A study by Garrell and Griffes (1971) demonstrated the positive results of efforts to habilitate, noting that for every \$1,000 spent on rehabilitation, there was an increase of \$4,700 in the rehabilitant earnings. Wolfensberger (1971) indicated that the average rehabilitated retarded individual will return \$7 to \$10 in income taxes for each dollar spent on his rehabilitation.

A number of individuals who have studied the historical trends in the treatment of the retarded offender have suggested several possible patterns in the procedures used in handling this group, leading to recommendations for programs in the future. Burgdorf (1976) has noted that the historical treatment of any group considered "deviant" passes through several stages: 1) ignorance of the fact that certain groups do not fit into the present system; 2) recognition of the group as special and hence banishment from the system because of the inability to fit them in; 3) increasing concern and eventual segregation of the "deviant group" from the rest of the

system without necessarily providing special services; 4) "integration" of the group into the system and the provision of special services based on the group's needs; and 5) individualized treatment provided for everyone. Burgdorf feels that historically we have dealt with the retarded offender according to the first two stages, i.e., non-recognition and later recognition and banishment from the system in segregated facilities with no treatment. Following from this, Burgdorf seems to advocate "integration" of the retarded offender back into the system to avoid the problems of labeling and provide for the rights of the individual.

Rowan also traced the use of certain approaches in handling retarded offenders, but past trends lead her to somewhat different conclusions. She notes the existence of two approaches — either retarded offenders have been neglected and housed with the total inmate population with no special programs to attend to their needs, or they have been segregated from the rest of the population and housed with sociopaths, and certain sexual offenders. This latter approach does not necessarily imply the existence of special programs in these special facilities. As Lottman (1976) has noted, the two are not analogous.

Rowan notes the inadequacy of both approaches and concludes that differential handling is of primary importance. Undifferentiated handling within the traditional prison results in the "vegetation" of this group of offenders. They are "assigned to menial maintenance tasks having no vocational training potential. They are required to conform to standard rules and share work assignments with more intelligent inmates. They tend to react by withdrawing from competition completely, thus making it more difficult to prepare them for life in the community."

However, the second alternative is not much better, given the contention that special facilities do not necessarily provide special expertise or a special program. Several writers recommend the development of community alternatives for offenders who can respond to treatment in the community, and the use of special facilities for those found to be dangerous to themselves or society. These facilities however should provide *special programs* for the retarded offender, operating on a more secure basis than state institutions for retarded persons while remaining free "from the perverse influence found in standard training schools or prison." (Rowan, 1976)

The State of Florida's Division of Retardation, having reached similar conclusions, is planning its programs for the retarded offender accordingly. The

authors have also come to the same conclusions, and subsequent chapters dealing with prescriptions are based upon these findings.

F. Special Facilities—Past and Present: Pros and Cons

Looking at efforts to provide special facilities, the literature suggests that such attempts have been custodial, not treatment-oriented in nature. The recommendations for special facilities are not recent. As early as the 1890's professionals were advocating the need for such facilities. The first specialized facility exclusively for the "defective delinquent" in the United States was located in New York in 1912, and in 1922 another was set up in Massachusetts. Both attempts were directed toward providing custody and treatment for this group of offenders.

Recent attempts to provide segregated facilities include Lima State Hospital for the criminally insane where retarded offenders are also housed. Here it was found that the worst characteristics of a prison and those of a mental institution were combined, and that the mentally retarded offenders who were kept at this facility were receiving no special treatment although they represented close to one-fifth of the total institutionalized population. (Lottman, 1976)

Other recent attempts include Patuxent Institution in the State of Maryland. Because of the controversial nature of Patuxent and its uniqueness as the only prison of its kind serving the special needs of retarded (and other) offenders, discussion at length is appropriate.

1. *Patuxent Institution — indeterminate sentences.* Patuxent is a special facility for "the confinement and treatment of 'defective delinquents' " (Maryland's Department of Public Safety and Correctional Services, 1973). "Defective delinquent" is defined in Maryland as "those individuals, who, by the demonstration of persistent aggravated anti-social or criminal behavior, evidence a propensity toward criminal activity and who, on the evidence of standard tests and clinical procedures, reveal either intellectual deficiency or emotional disorder, or both." (Maryland Department of Public Safety and Correctional Services, 1973). The fundamental purpose of this approach to the problem has been the concern for the welfare of the community as a whole. A secondary purpose has been more effective and humane handling which aids in the "cure," where possible (Ibid., 1973).

Patuxent operates on the basis of "indeterminate sentencing" — one without maximum or minimum limits in order "to confine 'defective delinquents' until, as a result of the special treatment which they

need, it is safe to return them to the community. If they cannot be [cured] such indeterminate sentence accomplishes their confinement for life, which the protection of society demands" (Research Report #29, State of Maryland, 1950). In practice, this appears to be a due process procedure. In addition to the criminal sentence, the offender is civilly committed to Patuxent in much the same manner any other retarded or mentally ill person is involuntarily committed to a treatment facility. Sentencing under defective delinquent statutes in Maryland is usually for an indeterminate period of time and release is generally accomplished after a medical finding concludes that the individual is cured or fully recovered and no longer a danger to others. The criminal sentence runs concurrently with "civil commitment." Treatment is developed on the basis of the combined educational, vocational and psychotherapeutic needs of the patient, and the law requires periodic reviews by the court and by an appointed review team.

Patuxent operates on the basis of a four-tier system, whereby an individual advances from tier to tier with improvements in behavioral controls. The individual prior to release is moved to a pre-release area and eventually moved out into the community through a gradual process, remaining under extensive parole supervision by Patuxent for a period of three years.

Criticisms of the system in operation at Patuxent have been abundant. Rowan for example notes that promotion from tier to tier which is necessary for release is not as easily accomplished by retarded offenders. This therefore acts to limit their parole possibilities, resulting in longer periods of confinement (Rowan, 1976). With regard to indeterminate sentencing, Rowan feels that it is a possible technique of political suppression. Prettyman (1972) has criticized indeterminate sentencing as "just another device to hide society's dehumanizing treatment of criminals, particularly those who are mentally disabled."

Grafni (1976) has taken the position that indeterminate sentencing is the only effective means to deal with any offender — if the sentence is based upon real treatment. Taking up this point, Szasz (1965), seems to be saying that to provide treatment which will be terminated only with a cure, is society's best protection. Kapp (1973) feels likewise that "if rehabilitation and correction are our goals in intervening in the life of an offender, then indeterminate commitment is the most logical solution."

We believe that with consideration of due process

and in recognition of the special needs of the retarded offender, it is reasonable to expect that he receive treatment, training and supervision until he has reached a level of competency and understanding which will allow him to function independently or semi-independently in the community. This process requires periodic court review to safeguard the individual rights of the retarded person. To properly monitor such a process the court should be provided with a written course of action for the retarded offender outlined by the individual responsible for his supervision and treatment. In reality, this procedure would be more of a safeguard than is afforded most retarded people who are receiving "care and treatment" in many programs and facilities and who have never violated the law.

Criticism of indeterminate sentencing in the authors' opinion is justified when such sentences are handed down with no program for treatment and without periodic court review. Patuxent institution has developed treatment programs and therefore provides treatment throughout the period of indeterminate sentencing. What needs to be questioned most about Patuxent is the lack of programs designed specifically for the retarded offender along with the practice of housing retarded offenders with non-retarded offenders. With regard to the latter criticism, it has been established that retarded persons have not fared well when treated in facilities or programs which serve other persons. They are the last to be considered in the public schools, in social welfare agencies, in mental health facilities, in medical and dental programs or in generic social services. Prisons are no exception to this rule. Subsequent chapters will present a typology for the classification and modalities for the housing and treatment of retarded offenders apart from other offenders.

Giving consideration to such problems as those which do exist at Patuxent, it is reasonable to say that the facility has developed a systematic approach to the treatment of the special offender which is pragmatic but demands further specification in light of the special problems of the retarded offender.

G. Labeling

The question of special facilities and special programs leads to discussion of the pros and cons of labeling. A large portion of the recent literature in the fields of mental retardation and delinquency expresses concern with the labeling process — for example, Mercer (1973) and Schur (1971). The concern here stems from the possible over-

classification and stigmatization from the use of labels. Several court decisions have noted that certain phrases — "mental retardation" and "mentally retarded" — often produce stigmatizing results, and should not be applied without discrimination, e.g., *Bartley v. Kremens*, 1975 (PCMR, 1975, *Mental Retardation: The Law*) and *Pennsylvania Association for Retarded Children v. Commonwealth of Pennsylvania*, 1972 (PCMR, 1974, *Compendium of Law Suits*).

Glover (1970) has cited the problems of being labeled delinquent:

In our society, there is a very real stigma attached to what is now known as a conviction. Anyone convicted of a crime is in danger of some degree of social disapproval and for many this may be one of the most unpleasant of the consequences of being caught breaking the law.

For the individual who is retarded and has come in contact with the criminal justice system, the liability of labeling is often the result of an assumption that the retarded offender is incorrigible — thus appropriate services are withheld.

The problems of testing demand careful application of the use of labels. The cultural biases of the tests themselves and the problem of administering tests discussed earlier should forewarn one about indiscriminate use of labels. Even though tests may indicate retardation, it is important also that the individual has the opportunity to demonstrate that he is not retarded.

Some professionals have begun to question the diagnostic benefits of labeling. "... it is frequently assumed that such labeling provides accurate information about precise treatment needs. In fact, diagnosis seldom indicates specific treatment procedures" (Shah, 1968). However, if adaptive behavior assessments are made on each individual retarded offender along with I.Q. testing, then they can be used to develop a treatment plan, and Shah's criticism of labeling would no longer be valid.

Labeling or classification is often very important and as Burgdorf (1976) suggests, "there may be circumstances in which using such labels is justifiable, and if we provide due process safeguards ... then we can rightfully use that label."

Kapp also presents some convincing arguments in support of labeling. He makes two notable points: 1) that all problems associated with labeling cannot be the result of the labeling process itself but are also the outcome of public ignorance. The solution to the problem may not be to abandon the system entirely. Rather, it is important to refine it and educate society, changing their negative attitudes with regard

to labels of retardation and delinquency; and 2) that to discontinue any system of classification because of the potential abuse would "punish those who need help the most."

H. Normalization

The principle of "normalization" has received much attention in recent years (Nirje, 1969). In attempting to apply the principle of "normalization" to the situation of the retarded offender, some professionals argue that these people should not be given different treatment just because they are retarded. In line with this position, a retarded person who commits an offense would be treated in the same ways prescribed for non-retarded, once guilt and culpability have been established. As Haywood (1976) put it:

It is not retardation which required treatment but the delinquent behavior and that should be done by the juvenile system, the educational system, the social welfare system and the vocational rehabilitation system.

Based on this principle, if the responsibility lies with the criminal justice system, then transference from the correctional facility to a facility for mentally retarded people is not the solution. Very often this transfer results in the life-time sentencing of the individual to such a facility (Haywood, 1976). Proponents of "normalization" feel that the mentally retarded citizen has the right to be treated as nearly as possible like other citizens, and that includes bearing responsibility for his own behavior. Very often this concern for normalization has led to advocacy for nonsegregated placement of retarded offenders within the correctional facility (Haywood, 1976). To the authors, "normalization" means planning as you would for any offender — and *only* that. It does not mean treating the individual as being normal. It means that the retarded offender will have normal opportunities. Kapp (1973) has questioned the "opportunities" available to retarded offenders in prisons: "... the retarded person cannot receive the opportunity to fulfill himself, and hence cannot hope to be 'normalized' in an ordinary penal setting."

To take this observation further, it should be recognized that a prison is not a normal setting. Therefore, there would be little benefit to the retarded offender to become "normalized" to that setting.

I. Right to Treatment

The right to treatment has been established by the courts in a number of cases which are analogous to the circumstances of the retarded offender. *Rouse v.*

Cameron, (Kapp, 1973) upholds the right to treatment of an individual who is involuntarily civilly committed to a mental hospital after acquittal of criminal charges. In the case of *Millard v. Cameron*, (Kapp, 1976) the court upheld the right of the individual involuntarily civilly committed to a hospital as a sexual psychopath to treatment which could not be withheld because of lack of staff or facilities. *Wyatt v. Stickney*, (PCMR, *Mental Retardation: The Law*, 1975) upheld the right of the involuntarily civilly committed individual to receive individual treatment which was deemed necessary to assure the opportunity for a cure or improvement.

No case specifically relates to the retarded offender's right to treatment; however, many "right to treatment" cases seem very close to the issues involved. As Kapp (1973) contends, "It would not take sophisticated or very extensive logical gymnastics for the courts to extend the rationale of the cases . . . to the realm of the retarded inmate."

In view of this right to treatment, a review of the literature recognizes the absence of such treatment for retarded offenders. Both the field of corrections and retardation have been less than enthusiastic about taking on the problems of the retarded offender. Facilities for retarded people have claimed their inability to provide security, their fear of the "criminal element," and unwillingness to cope with management and discipline problems. Likewise, the correctional field has expressed a desire to remove the retarded offender from its population because of the problems which this group presents. These include demanding excessive staff time and resources, exploitation by their more intelligent peers, frustration from an inability to compete and problems in understanding rules and regulations.

Treatment, to which the retarded offender is entitled, is unavailable in existing facilities where this group remains an outcast. Neither field provides adequate treatment. In the case of corrections they feel limited resources cannot provide meaningful programs for both "normal and retarded inmates." Hence, the retarded inmate is neglected. On the other hand, facilities for retarded people have pursued a policy of selecting individuals who are considered not to be problems and who will fit easily into existing programs. Once again, the retarded offender's right to treatment is violated.

J. The Prison Culture

For the most part, retarded persons in correctional settings are very different from persons currently receiving treatment in institutions for the mentally

retarded. Those in prison are more intelligent, more sophisticated or street-wise, better able to mask their limitations and have fewer physical handicaps. When placed in institutions for retarded persons, they victimize the other residents and disrupt routine. They present security risks and training needs which the institutions are ill-equipped to handle because of facility design and staffing patterns geared toward meeting the needs of the docile multi-handicapped individual. Accordingly, it is generally accepted in the field of retardation that the choice of residency for rehabilitation and training of the offender is some place other than existing state institutions for the mentally retarded.

The research also indicates problems within correctional facilities in meeting the needs of the retarded offender. Here he is out of step with the dominant characteristics of the average inmate population. His training needs are more habilitative. He is victimized by the more sophisticated majority of inmates, and because of his desire to be accepted, the maladaptive consequences of his social behavior become intensified as he assumes the values of the prison culture. Although security needs are met in prison, his needs for protection from abuse and exploitation are intensified. The staff of correctional facilities, like the staffs of retardation facilities, are illequipped to meet the needs of this population.

The problem of the "prison culture" needs elaboration at this point. Much of the sociological literature deals with the question of sub-cultures, such as the "prison culture." Here it is assumed that a distinct set of values and patterns of behavior different from the "dominant culture" exists.

Sykes has noted that imprisonment means:

... many individuals bound together for long intervals; such aggregates enduring through time must inevitably give rise to a social system—not simply the social order decreed by the custodians but also the social order which grows up more informally as men interact in meeting the problems posed by their particular environment. In attempting then, to understand the meaning of imprisonment, we must see prison life as something more than a matter of walls and bars, of cells and keys. We must see the prison as a society within a society.

The loss of liberty which the prisoner experiences marks his "civil death" (Sykes, 1972) and severs his association with the "dominant culture." At this point the only value system remaining is that of his criminal surroundings — the prison culture — which he assumes in order to be part of something.

In relation to the retarded offender, the negative impact of the prison culture upon his development must be stressed and emphasis placed upon his

delayed development. Given the retarded person's greater tendency to be persuaded and manipulated, the negative impact of the sub-culture is much greater than its impact on the average inmate. Because of the retarded person's delayed development, behavior learned in prison is less apt to be reversed.

The retarded offender has very often never been accepted by society at large. Becoming a part of the "society of captives" is often his first experience of acceptance; hence its pervasive impact. At Massachusetts' Bridgewater State Hospital and Prison, personnel commenting on the strengths of the association between the retarded inmate and the prison culture noted that it was only the retarded inmates who returned to prison for social visits.

By and large, individuals incarcerated in prison fail to understand or accept the demands of the "dominant culture" or lack the ability to manipulate it in legally sanctioned ways. In addition, they feel

rejected by or are aloof from the "dominant culture" and are further alienated by being imprisoned. The question then becomes: Is the average inmate a good socializing agent for the naive retarded person who likewise lacks the ability to manipulate the system successfully? Research seems to indicate they are not.

The following section provides a discussion of current practices in retardation and corrections with conclusions drawn from an assessment of the literature and current activity, followed by an elaboration of the concepts of retardation and criminal behavior. A later chapter then deals with a classification system and prescriptive plan to house and treat retarded offenders based on this formulation.

The material presented in this section is a composite of data gathered from numerous discussions with individuals directly involved with programming for the retarded offender and substantiated by the authors' own observation and years of experience.

CHAPTER III. THE STATE OF THE ART: AN OVERVIEW OF THE RESEARCH, CONFERENCES, SURVEYS AND PROGRAMS

A review of studies in the fields of corrections and retardation suggests great confusion among researchers as to the number of retarded offenders incarcerated in correctional facilities. The estimates range from 2 to 27 percent of the total prison population. Lower range estimates are probably more reliable. As previously noted, a comprehensive nationwide survey conducted by the George Washington University, Institute of Law, Psychiatry, and Criminology (Brown and Courtless, 1971) found that 9.5 percent of the prison population was retarded. This means that in 1976 23,700 (Gettinger, 1976) individuals with I.Q.'s of less than 70 were incarcerated.

A. The Research

In 1963, Brown and Courtless conducted a national survey of all major penal and correctional facilities in the United States. Information collected from correctional institutions and facilities included: 1) I.Q. distribution of population; 2) types of offenses committed by individuals with low I.Q.'s; and 3) types of treatment and management services available to these individuals. Responses were obtained from 80 percent of the facilities, representing 90,477 inmates. Despite the fact that sampling procedures were not random, the researchers reported that the sample showed no specific biasing factors. Approximately 9.5 percent of the inmates were reported to have scored below 70 on intelligence tests. One and six-tenths (1.6) percent of this group scored below 55. To test the reliability of the intelligence tests used, which were found to vary from institution to institution, a followup study randomly selected 60 individuals for retesting. The later study concludes that there was no significant difference between the I. Q. as established by uniform testing procedures and the I. Q. as determined by the institutional testing procedures. The initial survey revealed:

- Geographical variation in the percentage of

individuals with I.Q. scores of 70 or below—ranging from 2.6 in the Mountain States to 24.3 in the East South Central States;

- Thirty-eight percent of those with I.Q. scores below 70 were committed for crimes of breaking and entering, 13 percent for homicide, and 5 percent for rape and other sexual crimes;
- With reference to the subgroup scoring below 55, 57 percent were incarcerated for crimes against the person, compared to the national average of 27 percent; 15.4 percent were incarcerated for homicide compared to the national average of 5.1 percent; and 29 percent were incarcerated for breaking and entering, compared to a national average of 28 percent;
- Of the surveyed institutions, 56 percent had no special programs for the mentally retarded offender, while 6 percent reported having a full range of programs.

In the area of legal procedures, the followup survey provided much information. In terms of counsel, 7.7 percent of the mentally retarded offenders had no counsel, and 69 percent had court-appointed counsel. Fifty-nine (59) percent entered pleas of guilty, and in 80 percent of the cases the original charge was the same as the convicting charge. In terms of confessions elicited, two-thirds of the mentally retarded offenders had made incriminating statements. Pre-trial testing did not occur in 78 percent of the cases, and only 20 percent had pre-sentencing examinations. Competency to stand trial and the question of criminal responsibility were not raised in 92 percent of the cases. Jury trial was waived by 40 percent. No appeals were made in 88 percent of the cases, with no post-conviction relief sought in 85 percent of the cases.

Aside from the Brown and Courtless study, certain states have attempted individual studies of their

retarded population within the criminal justice system in order to estimate the extent, and to begin evaluating program needs. The South Carolina Department of Corrections (1973) studied its retarded offender population as part of a larger effort to develop a better rehabilitation program for all offenders. The investigation sought to define the nature and scope of the problem of retardation among the inmate population, and estimated the size of the population to be close to 8 percent of all inmates in the South Carolina Department of Corrections. The study concluded that the state's system of incarcerating retarded offenders with non-retarded inmates was highly inappropriate.

Levy in 1967 studied the juvenile correctional system in Illinois and found that 3.9 percent of the juvenile offenders were retarded.

In Texas, a project conducted by Haskins and Friel in 1973 entitled Project CAMIO studied the state's retarded offender population and also conducted a limited national survey. This project estimated the percentage of retarded offenders within the Texas Department of Corrections at approximately 10 percent of all adults and 12-16 percent of juvenile offenders. The study also considered the position of the retarded offender in state residential facilities for the retarded, where they represent "no more" than 10 percent of the institutionalized population. Noting an overall lack of programming, the study developed a series of thirty-one recommendations in the areas of education and training, research and development, administrative and procedural changes, and cooperative agreements.

In the same state, Miller, *et al.* in 1973 attempted a comprehensive description of the life-style of the retarded offender. The group under study was characterized by a pervasive manifestation of a passive-dependent personality generally being willing to let someone else handle problem solving encounters. They expected defeat, and acted in ways which seemed to generate this result. They showed poor impulse control, little regard for the consequences of their actions, and an inability to delay gratification.

From 1970-1971 the Tennessee Department of Corrections (Dennis, 1976) conducted a study to identify and define the characteristics of mentally retarded juvenile offenders committed to the Department of Corrections. Following this study, the project set up a non-residential community-based day program called "Our House." The purpose of the project was to facilitate the development of positive self-concepts through the aid of liaison teacher-counselors, thereby enabling these youths to engage in

constructive interaction with the larger community.

In 1972 Hickman conducted a study of the Pennsylvania courts serving retarded juvenile offenders. His study assessed the effectiveness of court efforts to provide direction for treatment and rehabilitation, noting the extent to which alternatives to institutionalization were used. The study indicates that in the past, institutionalization was the overall outcome of most cases. Alternatives were used only when institutionalization was impossible. However, following the state's Mental Health and Retardation Act of 1966, a tendency away from recommendations of institutionalization and toward greater use of community placement was pursued.

More extensive research was undertaken in 1974 by South Carolina's Department of Corrections to investigate the feasibility of diversionary programs for the retarded offender.

Assessments were made of evaluation procedures used by the Department of Corrections, and the possibility of offering specialized treatment programs was explored. A system emphasizing early diversion for the majority of retarded offenders was studied and considered best. It was concluded, however, that such a diversionary program was not feasible at that time, being contingent upon new legislation, funding and inter-agency cooperation.

The Atlanta Association for Retarded Citizens estimates that 27 percent of Georgia's prison inmates have I.Q.'s below 70. The estimate was based on a study, begun in 1973, which examined three principal areas of the criminal justice system: law enforcement, judicial and corrections.

The major purpose of the study was to work up a model service system for treating the retarded offender, emphasizing services for those in correctional institutions. The study revealed that no formal educational or rehabilitational programs existed in Georgia for retarded offenders. Post-incarceration programs to re-integrate the retarded offenders back into society were considered along with alternatives.

The Correctional Services for the Developmentally Disabled, Inc. Chicago, Illinois, explored the problems and needs of developmentally disabled offenders in 1975, including the mentally retarded. Studies were conducted of law enforcement officers, judicial personnel and correctional institutions, the offenders themselves, and community agencies serving the mentally retarded population. The results indicate problems in identifying developmentally disabled persons who come in contact with the criminal justice system, and difficulties in providing meaningful treatment. There is an overall lack of

training to detect handicapped individuals due to a confusion in the law between mental retardation and mental illness. The study also points out a lack of special programs and services, and notes that use of community agencies was seen as the most viable alternative to incarceration by the majority of professionals interviewed. This study generated a list of recommendations pertinent to all aspects of the criminal justice system.

In 1975 the Legislative Research Commission of Kentucky undertook a study of that state's retarded offender population — both adult and juvenile. The research cites a rate of retardation of 5.2 percent among inmates. Taking borderline intelligence into account, the rate increased to 18.9 percent. This study reveals the absence of programs for retarded offenders within Kentucky and contains recommendations for subsequent action.

B. Recent Trends

Administrators in the fields of retardation and corrections have historically regarded the retarded offender as a misfit in their system of services and have looked to each other to assume responsibility for programming and funding. The result has been inaction. More often than not, the offender serves his prison sentence in meaningless work or inactivity. If assigned to a state school, he receives no special service. While today's administrators in penal institutions have given the needs of the retarded offender low priority, direct service personnel in both fields have placed him high on their needy list. Correctional personnel have witnessed the abuse the retarded offender has suffered from the more aggressive, more intelligent offender. On the other hand, personnel in residential facilities for the retarded report that retarded offenders in turn often abuse the less intelligent, less sophisticated residents. Because of the lack of proper programming, properly trained staff, and adequate surveillance, the retarded offender disrupts routine, is a constant source of friction, and repeatedly runs away.

More recently legal and civil rights advocates have added their voices and applied the power of litigation in response to the cries of direct service personnel, concerned professionals, and citizen advocates. The combined effort is beginning to have profound effect not only in the field of corrections but also on the entire criminal justice system. As reported by Lottman (1976), cases like *Neuman v. Alabama*, and *Davis v. Watkins*, which establish the right to treatment, will effect the initiation of programs for incarcerated mentally retarded offenders. Cases such as

Jones v. Wittenberg (Ibid., 1976), which established the right for protection, have had, and increasingly will have, a strong influence on the type of supervision incarcerated mentally retarded offenders receive.

Because of infringements on the retarded offenders's legal and constitutional rights and his inability to advocate for himself, many organizations are currently taking an active interest in program development and litigation. Among them are the United States Justice Department's Office of Special Litigation, the President's Committee on Mental Retardation, the Justice Department's Law Enforcement Assistance Administration, the Mental Health Law Project, the American Bar Association's Commission on the Mentally Disabled, HEW's Division of Developmental Disabilities, the American Association on Mental Deficiency, the National Association for Retarded Citizens, and the American Correctional Association.

As cited earlier, many states, including South Carolina, Georgia, Kentucky, Illinois, Texas, and Tennessee are actively engaged in studying the problem or in developing programs to serve retarded offenders. Likewise, Florida, Massachusetts, Missouri, Washington, Louisiana, Maine, and Nevada have or are developing programs.

In addition, local governments and local voluntary agencies are becoming involved in research, programming, and training criminal justice personnel in mental retardation. Some of the outstanding local units are the Pima County Adult Probation Department, Tucson, AZ; the Atlanta, GA., Association for Retarded Citizens; the James L. Maher Center in Newport, R. I.; the Eastern Nebraska Community Office of Retardation; and the Sacramento, CA., Association for Retarded Citizens. Among the universities involved in research or some other aspects of the problem are George Washington University, Sam Houston University, Syracuse University, Peabody College, the University of Missouri (St. Louis), University of Michigan and the University of Oregon.

Although the following discussion of these programs is not all-inclusive, it represents, for the most part, the extent of current activities in this area.

1. *Programs for training criminal justice personnel.* Several private agencies and two national organizations have developed programs with curricula for training law enforcement officials to recognize and deal with retarded offenders they encounter. These programs vary in quality and time-frame. Curricula have been written by Beerman (1976) of the Division

of Mental Hygiene and Retardation of the State of Nevada and the National Institute of Mental Retardation, Toronto, Ont., which include audio-visual aids. Those of the Correctional Services for the Developmentally Disabled, Inc., Chicago, Ill., and the Department of Corrections of the State of Georgia include visual aids. Other programs are by the National Association for Retarded Citizens, Arlington, TX, Pennsylvania Association for Retarded Citizens, the Sacramento (CA) Association for Retarded Citizens, the San Diego (CA) Association for Retarded Citizens, the North Los Angeles Regional Center at Van Nuys, CA, and the State of Arkansas Mental Retardation Service, Little Rock. In addition, two educational institutions have prepared extensive training curricula for law enforcement personnel which are three-credit college courses. They are Salve Regina College, Newport, RI (Sargeant, 1976) and the University of Missouri (Schwartz, 1973). Although the curricula are directed toward law enforcement officials, they are appropriate, in part, for the training of correctional and other criminal justice personnel.

2. *Court related activities.* Several national, state and local agencies have tackled the legal issues related to the retarded person accused of criminal behavior by developing related programs to aid in the identification and defense of these individuals. Involved national organizations include the Mental Health Law Project, The American Bar Association's Commission on the Mentally Disabled, and The U.S. Department of Justice's Office of Special Litigation, all of Washington, D.C.; and the National Institute on Law and the Handicapped, South Bend, IN.

Most State Associations for Retarded Citizens have legal staffs of paid or volunteer attorneys who are concerned with the defense procedures to be used in cases involving retarded people.

An example of a specific program of this type is the Massachusetts Bar Association's "Special Training and Advocacy Program" (STAP) in Boston, MA. The broad objectives of this Program include the development and implementation of diversionary programs, training to increase the level of awareness of court personnel in the identification of retarded defendants, and efforts to involve further the Massachusetts Bar Association in the defense of retarded citizens.

The Alston Wilkes Society, Columbia, SC, has proposed an outreach program which employs traditional methods used by agencies concerned with the treatment of drug addicts. Such methods involve

a routine daily review of the jail population to identify any individual who has been arrested and is retarded. The objective is to provide timely legal services to retarded persons in court proceedings.

The Department of Mental Health in the Hartford region of Connecticut has initiated a "Pretrial, Presentence Diagnostic Clinic." Competency examinations are provided in jails to individuals who may be retarded or mentally ill. The purpose is to identify retarded individuals, and either divert them from the courts or facilitate their fair treatment in subsequent court proceedings.

Georgia's Department of Mental Health has established a pilot project assigning probation aides skilled in retardation, to courts in three areas of the state. The role of the aide is to screen individuals suspected of being mentally retarded and then to provide referral to community mental health centers for extensive presentence evaluations.

The San Diego (CA) County Jail is experimenting with an abbreviated interview technique to identify various "special characteristics" of persons committed to the jails. The interview is held in the initial steps of the "lock-up" procedure, before the assignment to quarters. The objective is to provide protective custody to the individual who may need it and to supply both defense attorneys and the courts with information which may affect subsequent proceedings. It should be noted, however, that here, as with other identification programs mentioned earlier, such projects may encounter problems associated with labelling. There is controversy both in retardation and corrections with regard to the advantages and disadvantages of labelling persons as belonging to any special group.

3. *Programs for retarded juvenile "delinquents."* Until recently, programming for retarded offenders was generally concentrated in the area of juvenile justice.

Our House, Inc., was one of the earliest diversionary programs designed for retarded juvenile delinquents. Financed by HEW's Rehabilitation Services Administration, it was sponsored in part by the John F. Kennedy Center, Peabody College, Nashville, TN, and the Tennessee Department of Corrections. It was a day project which provided tutorial and counselling services to retarded children committed to the Tennessee Department of Corrections. It was an imaginative, creative program which lost its funds and is seeking new sources.

Project INSTEP, Baker, LA, is a small residential project which serves retarded delinquents, using a system of behavioral modification. Special services

are provided to the families of these retarded youthful "delinquents" in order to support changes in behavior.

The State of Missouri's Division of Retardation (Hensley, 1976) in Jefferson City has collaborated with other public and private agencies in an attempt to assess the problems of the retarded person and the criminal justice system. Based on their research, activity is being directed toward the development of a pilot project of intervention on behalf of retarded youths, using a community-based treatment facility.

The Western Carolina Center in Morganton, NC, has developed the program — "Bringing it all Back Home." Although primarily for disturbed youths, it also includes a group home for retarded "delinquents."

The State of Florida's Division of Retardation has developed a network of community-based residential and treatment group homes which are creative alternatives to the use of state training schools. The long term effects of the project, which makes use of regular community services in addition to supervised living arrangements, have not been evaluated.

Camarillo State Hospital and Training School Camarilla, CA, has a program based upon a token economy and a graded system of progressive levels of responsibility (Perel, 1976). It reflects a good balance between unstructured/structured residential programming, and appears to be effective in the treatment and training of older retarded teenagers adjudicated as delinquents; an excellent model which deserves further investigation.

The Eastern Nebraska Community Office of Retardation (ENCORE) in Omaha, NB, operates a series of group homes for retarded juveniles and adults referred by the courts. In addition to residential living, ENCORE provides vocational and educational training, and sheltered and competitive job placement in a structured milieu with decreasing levels of supervision.

In 1969 the South Carolina Department of Mental Retardation and the Department of Youth Services developed a comprehensive plan for the youthful retarded offender — a forerunner of most of the activity in this area. Other states have undertaken studies of the problems of the youthful retarded offender. This research has been discussed in a previous section.

4. *Programs for adult retarded offenders.* The increasing public advocacy for services to retarded people in general and the retarded offender in particular, has recently rekindled concern within the field of corrections for programs and facilities for adult retarded offenders.

Historically, several states attempted to develop special correctional facilities for the retarded offender. For a variety of reasons, including budgets, staffing problems, and civil liberties concerns, those programs were dismantled over the years or merged with other special offender programs. The retarded offender today is usually incarcerated and "rehabilitated" with the general prison population, or placed in facilities designed to serve the mentally ill. Most of these prisons have a system of rehabilitation which includes educational and vocational training. But these programs are not designed specifically to handle the special educational problems and training needs of the retarded offender. Rather they are more appropriate for the education and training of individuals with learning disabilities or the "culturally deprived" individual who is functioning at a borderline intelligence level (i.e., with measured I.Q. at 70 or above).

More recently several state governments are again directing attention toward the needs of the retarded adult offender. Florida has developed a pragmatic plan for a variety of treatment modalities. Several treatment milieu, organized around different levels of retardation, are to be located throughout that state. South Carolina's Department of Corrections has recently established a program for retarded offenders within one of its prisons. The group is separated from non-retarded offenders during the day but not at night. Virginia's Department of Corrections is in the process of developing a program specifically for retarded offenders which would keep them apart from the rest of the institutionalized prison population except for meals. The Patuxent (MD) Institution is for the "special offender," including sociopaths and sexual offenders, and not specifically for retarded offenders.

The Bridgewater State Hospital and Prison in Massachusetts is developing a special program for the incarcerated retarded offender in connection with a reorganization of the facility. As a result of an inter-agency task force report, the State of Georgia's Division of Mental Health has recently established a behavioral adjustment program for mentally retarded offenders with emotional problems. These individuals are separated from the general prison population and given a behavioral adjustment, token economy program. They are returned later to the general prison population.

The Department of Vocational Rehabilitation has begun a pilot project at the Georgia Rehabilitation Center in Warm Springs which provides an extensive evaluation and a work adjustment program for a

limited number of retarded offenders. The same department has also started another project at the Georgia Industrial Institution (correctional) which provides a social, personal, work-adjustment program for approximately twenty-five retarded offenders.

Agencies such as the Eastern Nebraska Community Office of Retardation (ENCORE), the Massachusetts Parole Board, and the Pima County Probation Department in Tucson, AZ, have established community probation and parole programs. These programs are designed to give close guidance and assistance to the retarded person, who is adjusting or re-adjusting to the community.

C. Conferences

Several conferences dealing with the retarded offender have been held. The earliest, sponsored by the South Carolina Department of Corrections *et al.*, was held in 1968. It dealt with the retarded youthful offender and provided descriptions of state approaches used in Alabama, Florida, Georgia, Mississippi and Tennessee.

A New England States Conference, held in Rhode Island in 1971 and sponsored by the President's Committee on Mental Retardation *et al.*, was also directed toward the youthful offender. It gave attention to problems of identification by the police, use of diversionary procedures and consideration of the appropriateness of present facilities.

In 1972, the President's Committee, with others, again held a conference in St. Louis, MO, to consider the procedures to be followed by the police and courts in recognizing the retarded offender. Diagnostic and evaluative services available to aid in identification were reviewed. Alternatives to the usual procedures were considered and evaluated. Participants included professionals from Arkansas, Iowa, Louisiana, Missouri, Nebraska, New Mexico, Oklahoma and Texas.

A conference, again sponsored by the President's Committee and held in Ohio in 1973, was addressed to the rights of the retarded individual in general. This conference, entitled "The Mentally Retarded Citizen and the Law," also dealt with the mentally retarded offender within the correctional system, and his right to rehabilitation.

Two training conferences, sponsored by the State of Florida's Division of Vocational Rehabilitation, were held in Florida in April and June of 1973. They dealt primarily with the youthful retarded offender and prepared reports on vocational assessment and evaluation procedures for determining levels of

maturity. In October of 1973 still another conference was held in Florida on the criminal justice system and the mentally retarded. At this the problems of those retarded individuals who encounter the police, courts and the correctional system were considered.

In 1974, the University of Oregon, in collaboration with the President's Committee, held a conference on retardation and corrections, covering possible diversionary plans and the consequences to individuals who pass through the full process. Such issues as normalization, special offenders courts, and rehabilitation versus warehousing were discussed.

These conferences were significant in that they denoted the beginning of a growing concern for the retarded offender. They assessed the more specific problems which surround the criminal justice system and the retarded offender, although they dealt only with recognition of the problem and recommendations for action. With the lack of actual projects which serve as workable and effective programs of actions, the earlier conferences were not grounded in practice and left the participants dealing merely in the realm of ideas. It was not until programs started to become a reality that competent evaluations could be made available and the conferences could take on a practical aspect.

The first national conference addressed to the state of the art was held in Charleston, SC, in 1975 (Santamour, 1976). It was a symposium to evaluate the quality of programs and projects related to the retarded offender and to determine the extent to which related issues were understood and dealt with. The symposium included pragmatic discussion of the training programs in retardation for criminal justice personnel, review of programs for juveniles and adults, analysis of research, and extensive consideration of defense procedures involving the retarded offender, along with judicial consideration.

The fact that the symposium was sponsored by a number of national organizations was indicative of the growing public concern about the retarded offender.

D. Survey of Administrators

In preparation for the Charleston symposium, the authors made a telephone survey, sampling informally state correctional and mental retardation administrators. The points brought out were corroborated by a more extensive telephone survey in 1976. These surveys revealed that:

- Very few administrators were able to estimate, let alone identify, the number or percentage of mentally retarded offenders in their facility.

- Where data existed, it was conflicting.
- Most convicted offenders are given I.Q. tests, but the reliability of the scores was questionable.
- No offenders, even when identified as retarded, were given developmental screening assessments.
- Prescriptive programs for retarded offenders were scattered.
- Only four or five states were attempting to grapple with the full extent of the problem.
- All the states surveyed recognized the situation as critical.

The retarded offender represented multifaceted problems, and was a misfit in prison, in state training schools, in schools for the retarded, as well as on probation and parole.

The survey also verified previous findings that:

- Mentally retarded persons are not understood by law enforcement personnel, and often are not identified as retarded.
- Retarded offenders do not receive equal justice.
- Other offenders take advantage of the mental limitations of the retarded prisoner.
- Retarded offenders serve longer sentences, and are less apt to be paroled than their counterparts with normal intelligence.
- Model programs do exist, although their effectiveness has not been evaluated.

The authors also surveyed informally the administrators of state institutions for retarded people. Of the 141,000 retarded individuals in such institutions, they estimated that 5 percent, or 7,050 residents, could be classified as retarded offenders. This means that the retarded offenders were directed, either formally through the courts or informally by social agencies, to the state schools rather than being sentenced to prison. An unknown number of retarded offenders are also residents of other state institutions such as those for the mentally ill and state training schools for delinquent children and young adults.

E. Evaluation of the State of the Art—A Survey of Practicing Professionals

In addition to the telephone survey, cited above, in advance of the conference, the authors followed through with a written survey of symposium participants to elicit their opinions. They were asked to comment on the degree to which they felt the nature and extent of the problem of the mentally retarded offender have been identified. Approximately 30 percent of the respondents expressed qualified satisfaction

with the present level of understanding. A little over 65 percent noted some dissatisfaction. Most often concern stemmed from what respondents considered to be the lack of an adequate definition of mental retardation. They said such a definition would provide some standardization for the multiple formulations of the problem used by judicial and prison systems and agencies acting on behalf of mentally retarded people. Because of this need many participants felt that the extent of the problem is not yet calculable.

Another source of dissatisfaction arose from the participants' desire to move away from general discussion toward greater specification of the problem and actual evaluation of existing programs and projects.

Participants were requested to give suggestions of areas in which additional research and analysis might help in clarifying the problem of the retarded offender. Their answers most often called for the development of an adequate definition of mental retardation and procedures and techniques for identification. The need to collect data on the background and characteristics of the retarded offender was noted in order to examine: (1) factors that may influence criminal involvement, and (2) community programs that might cope with such factors.

Such an analysis would allow comparison of the significance of mental retardation and certain other contributing factors in relation to criminal behavior. The creation of a central clearinghouse for the processing of such information was seen as a means of facilitating the compilation of this data. Such an information system would also be of value in creating a more complete system of service delivery.

Several participants suggested that alternative community-based programs be compared with traditional approaches to the retarded offender in order to estimate differences in levels of functioning attained and rates of recidivism. Consideration of the possible negative consequences of certain isolated programs, that may in fact reinforce deviancy, was deemed necessary.

Among the general programs suggested was one to include the parents and families of retarded offenders in training programs and another for publicity campaigns to increase the awareness of the general public. The latter suggestion was motivated candidly with a view to bringing public pressure on legislators for help. The news media, both print and electronic, would be aided in bringing out the facts to challenge the myths surrounding mental retardation.

In the matter of assessing the extent to which

certain groups understand the problems of the mentally retarded offender, most participants rated the professionals in retardation as highest and others involved, such as police officers, judges, legislators, and lawyers as lowest. They observed that educators, some personnel in institutions for the mentally retarded, correctional personnel, and probation and parole officers were only moderately aware of the problems of the retarded offender.

Participants were asked to propose ways in which these groups might improve their understanding. Most noted the need for increased training for professionals — including in-service training for correctional personnel, programs for police and individuals in the justice system, and greater emphasis within college curriculums for educators. Respondents felt it important that data obtained on existing pilot programs be made available to these training programs.

Many respondents called for the formulation of more explicit legislation to mandate further training with regard to retardation for police, lawyers, and judges. Related to this proposal for new legislation was the suggested development of mailing lists of magistrates, lawyers and legislators to whom pertinent information should be provided.

Participants expressed the need to involve numerous agencies including the Law Enforcement Assistance Administration, the National Association for Retarded Citizens, the American Psychiatric Association, the Orthopsychiatric Association, the American Bar Association, the American Association of Psychiatric Services for Children, the American Medical Association, the National Association of Chiefs of Police, local citizen groups, clubs and lobbies.

Further suggestions called for more national symposiums and mini-conferences.

The effectiveness of a number of demonstration projects and programs was discussed. In the training of professionals 65 percent were satisfied with the designs proposed for various programs but several thought further training for judges and lawyers is needed. About 60 percent considered programs for the mentally retarded youthful offender satisfactory and most felt that community-based youth projects were very effective. But reservations were expressed about programs for the mentally retarded adult offender.

Over two-thirds were not enthusiastic about programs designed for legislative advocacy, and many felt the need for more alternatives to incarceration. Approximately one-half of those surveyed,

noting the importance of implementing such decisions as *Jackson v. Indiana*, requested more effective programs for legal advocates. Several participants expressed the need to develop more programs to increase citizen knowledge, and programs to train retarded persons themselves in handling their own problems.

F. Charleston Symposium's Recommendations for Action

A list of recommendations was developed and approved at the Symposium. It represents a compilation and consolidation of recommendations at previous conferences. The recommendations are:

- Establish a Special Interagency Task Force consisting of representatives of all appropriate state agencies and voluntary organizations to prepare a detailed plan for providing for the mentally retarded offender all services deemed necessary by the Task Force. The Task Force should mobilize grass roots support for a public information campaign.
- Train police, judges, prosecutors, correction personnel, probation and parole officers and other criminal justice personnel in recognition, interaction and planning for retarded persons. Methods suggested are:
 - Four-hour course in police academies.
 - Programs throughout the state for local police departments.
 - Training films.
 - Personal contact with mentally retarded persons by bringing them to police stations for field trips.
 - Handbook for all criminal justice personnel.
- Introduce courses on legal and constitutional rights of the retarded and other handicapped people into law school curriculums.
- Establish a pre-trial, pre-sentence evaluation process for mentally retarded cases. This process should determine the specific needs, relate them to community services, and result in recommendations to the court.
- Establish preventive, diversionary and corrective programs for retarded juvenile and adult offenders:
 - Set up early specialized preventive programs in school and early intervention programs such as the Milwaukee Project.
 - Establish alternative educational opportunities such as Horizon House in Charleston, SC.
 - Utilize foster homes
 - Establish small group homes utilizing techniques, such as behavior modification, reinforcement and token economy systems and

reality therapy to improve behavior and increase social skills.

Train parents of juvenile mentally retarded offenders in behavior modification techniques parent effectiveness (active listening)

Broaden mentally retarded offender experiences with fun activities that have potential for future employment opportunities

Establish a combination sheltered workshop-halfway house to service retarded inmates and parolees

Provide adequate follow-up counseling to released mentally retarded offenders to assist them in job placement, securing a place to live and financial independence to ensure successful rehabilitation.

Provide for alternative sentencing with the stipulation that a counselor serve as a probation officer and utilize a comprehensive array of community resources.

Establish programs for mentally retarded offenders within the adult correction system

Establish within the Department of Corrections a vocational and work adjustment training workshop which could be operated by the Department of Vocational Rehabilitation

Establish within the Department of Youth Services and within the Department of Corrections a separate school district funded by the Department of Education

Construct a specialized unit for mentally retarded offenders on the grounds of a mental retardation facility with comprehensive evaluation and treatment services utilizing every available service from a wide spectrum of public and private agencies.

- Push for full funding and full implementation of the Juvenile Justice Prevention Act of 1974.
- Provide effective legal assistance before Miranda Warnings. Mentally retarded offenders should be aided from time of arrest through court procedure, and if necessary, through corrections and parole. Department of Mental Retardation should provide evaluation service.
- Recruit volunteers from the community to visit retarded parolee twice a week. If parolee is arrested, the volunteer assistant should appear in court.
- Recognize rights of mentally retarded persons.
 - a) The right not to be labeled mentally retarded
 - b) The right to be free from confinement unless:
 - 1) Convicted of a crime
 - 2) Proven dangerous by overt act
 - 3) Not to be confined to jails for safekeeping
 - c) Right to have effective counsel

- Do not read Miranda Warnings to mentally retarded offenders without parents and/or counsel present.

- Replace the outdated M'Naghten Rule with the American Law Institute's concept of "diminished responsibility."

Out of this 1975 Charleston Symposium a loosely federated group was formed. Its members have since met again in June 1976 at the American Association on Mental Deficiency's Annual Meeting in Chicago. This meeting followed the general format developed the year before in South Carolina; updating activities in the field.

G. Conclusions Drawn From the Authors' Research

After having researched the literature and reviewed existing programs, and after many interviews with administrators and direct service personnel in the fields of retardation and corrections, certain conclusions were reached. Upon these conclusions, a conceptual framework for developing programs for retarded offenders was developed (Chapter IV). In order to expose the process by which a prescriptive package was developed, however, it seems important to enunciate clearly these conclusions before going further.

- The distinction between mental retardation and mental illness is rarely recognized and, for the most part, confused.
- Retarded persons have a greater capability to become independent and responsible than society has been willing to concede and accept.
- Retarded persons generally respond well to treatment.
- Prolonged assistance and guidance is required for retarded persons.
- Great heterogeneity, and hence differences in need, exist in groups of retarded persons.
- Labeling can be beneficial as well as adverse. Nonetheless it is necessary in programming. It must be accompanied by due process and functional diagnosis.
- For the retarded offender the motivation for criminal behavior generally stems from the same sources as those for the normal offender. The difference is qualitative in that the retarded offender often lacks rationality for his action.
- Police officers and other criminal justice personnel are not presently trained to handle the special problems and needs of the retarded offender.

- The operation of the criminal justice system, as such, results in gross violations of the retarded offenders' legal rights.
- Whether or not a retarded person has committed the crime with which he is charged is a determination that should be made as soon as possible. Matters of the degree of culpability and extent of punishment are matters which should be considered at the time of sentencing.
- Use of indeterminate sentences or a civil court commitment to a habilitation center may have merit but only when treatment is provided and only when due process and periodic court review are responsibly executed.
- The courts uphold the right to treatment for an individual involuntarily committed to a public institution; analogously this should apply to the retarded offender incarcerated in prison.
- Classification schemes presently in use are not effective in identifying retarded offenders or in routing them to appropriate programming.
- Prisons create their own societies which are separate and apart from society at large. Retarded offenders experience the pervasive impact of this prison culture more deeply and the separation even more acutely than others.
- Although retarded persons have much to gain from association with non-retarded persons in society, they do not have the benefit of it in most prison environments.
- The needs of retarded offenders in prison differ from those of normal offenders in that they require habilitation rather than rehabilitation.
- Administrators of both retardation and correctional facilities have not demonstrated the ability to cope with or plan for the retarded offender.
- The special vocational classes provided in most prisons are not appropriate for the needs of retarded offenders. The programs are designed primarily for individuals with other "learning disabilities."
- The retarded offender is more easily victimized in prison than the non-retarded and, in turn, is frequently aggressive in victimizing the retarded non-offender in facilities for retarded persons.
- The retarded person, being slow to grasp prison routines and codes of behavior, becomes involved in numerous infractions of rules and accordingly fails to meet criteria for parole.
- Lacking intensity and continuity and having only limited availability, regular probation and parole systems are inadequate in meeting the needs of retarded offenders.
- Retarded people have a greater capacity to understand the nature of society and to abide by its codes of justice and behavior if given proper instructions.

CHAPTER IV. FUNCTIONAL CONCEPTS OF RETARDATION AND CRIMINAL BEHAVIOR

In order to develop an appropriate prescription for the retarded offender, it is necessary to create a greater understanding of his problems and needs and to develop a conceptual framework on which to build program modalities aimed at ameliorating the effects of retardation and the manifestation of criminal behavior. The definition of retardation and criminal behavior offered in the introductory chapter are clinical and legal definitions which are of little practical value to the reader who is concerned with providing habilitation/rehabilitation to the retarded offender. Nonetheless, they should be repeated here. Retardation is identified by individual scores of 70 or less on standard I.Q. tests and by adaptive behavior significantly below levels demonstrated by others in the subject's age and culture group. Criminality is behavior that is ruled, after due process, as being in opposition to established legal codes.

The *condition* of retardation and the fact of criminal *behavior* are not comparable phenomena, although they were once assumed to be analogous. Retardation is a *condition* occurring at birth or during the individual's early developmental years which affects the learning and maturation process. Criminality on the other hand is not a condition but rather an act of "illegal" behavior.

A. The Nature of Retardation

The definitions of retardation and criminal behavior offered above are difficult to relate to concrete situations. To understand better the nature of retardation it might be easier to contrast it with normal growth and development. The effects of retardation are soon evident.

Contrary to general public understanding, a retarded person's maturation process is not arrested at any one stage of development. Rather, it lags behind normal maturation rates and is adversely affected by the social environment. Rejection by others and lowered expectations of persons associated with the retarded person have a significant inhibiting impact. Although a retarded person will never reach normal levels of mental development,

growth always remains a possibility. Numerous studies of the effects of well-designed programs on the functioning of retarded persons have documented this fact, and phenomenal changes in the abilities of retarded persons have been recorded. The conclusion is that retardation reveals a lag in the development of the individual.

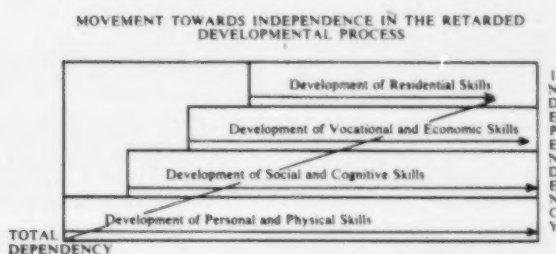
In developing a conceptual framework, it is helpful to the programmer to understand why retardation is problematic to the individual and to society in general. Once understood, then the methods for developing programs to alleviate the problem are more easily worked out. The lag in development leads to prolonged dependency. In the broader sense, then, retardation is seen as a *problem of dependency* which has four facets: physical, social, economic and residential. Lessening dependency involves greater independence for the individual. In a programmatic context, this means helping the retarded individual to obtain skills needed to enjoy greater degrees of independence. This presupposes his desire to do so. If motivation is absent, then development of it becomes the first order of business. *In any endeavor to motivate, however, it is important that the retarded individual have the right to choose what he thinks best for himself. His voluntary participation must be enlisted if he is to be served effectively.*

It is recognized that none of us is ever completely independent; in some way or other we are dependent on each other. Indeed, it is this interpersonal dependency which makes us social animals and contributes to our sense of self-worth and well-being. But excessive dependency of one individual on another or on society, as a whole, leads to a depreciation of one's concept of self-worth and a devaluation of the individual by others, which in turn causes a poverty of spirit for the dependent person and eventually a denial of his rights by others. This unhappy juncture is the position that most retarded people are in.

In achieving greater independence there are certain skills and abilities the individual must possess before

moving from one stage of development to another. For instance, an individual cannot function well in a social or cognitive sense until he has mastered the skills associated with personal or physical independence, i.e. talking, walking and self-care. Economic independence is realized through income derived from various occupational skills which are dependent upon a degree of independence or mastery of social and cognitive abilities as well as those discussed earlier. Residential independence is dependent upon proficiency in all three of these levels, plus knowing how to plan, execute and maintain an independent place of residence.

To portray graphically the developmental process, the following model is useful (Santamour and Ross, 1969).



The first step indicates those abilities necessary to obtain control over the physical needs such as walking, eating and toileting. Most individuals depend upon their families initially to handle these needs, as is the case with the infant. Eventually the child learns to crawl, walk, feed itself and dress, attaining a certain amount of skill in the execution of these tasks. As a person acquires a degree of proficiency on one level, he moves to a higher level. A prerequisite for developing higher skills is a sufficient mastery of skills on preceding levels. However, if an individual is hindered from advancing to higher levels because of deficiencies at any one stage, aids can be used to establish the degree of independence needed to proceed to higher levels. For example, a severely handicapped individual who lacks mobility can be assisted by a motorized wheelchair, facilitating greater degrees of physical independence and thus allowing him to enter situations which develop cognitive and social skills, later economic skills, and finally residential independence.

The second step involves the development of the individual's social abilities and cognitive skills. For the most part this takes place during the school years. Certain levels of achievement are demanded before economic or vocational skills can be developed. Therefore, a certain number of years in school are necessary. The length of the educational process is determined to a large extent by the demands of the labor market and to goals that the individual either sets for himself or that are forced upon him.

Having acquired sufficient social and cognitive skills, the individual can begin to learn and practice saleable skills necessary to support himself and others. These are mainly vocational skills which are essential for economic independence. In order to begin the process of developing vocational skills, it is important that the individual's ability to handle tasks requiring the use of primary skills and social and cognitive skills be well developed. Only when the individual has sufficiently mastered all these skills and abilities, is he able to move toward greater development of residential independence.

The model represents development and movement of the individual in two directions as illustrated by both vertical and horizontal expansion. As the individual develops more social and cognitive skills throughout his lifetime (movement along the horizontal plane), he also moves toward new skills and abilities (movement along the vertical plane). It is a process of expanding existing skills and abilities and adopting new ones that move the individual toward greater independence.

This model therefore assumes that development toward greater independence is an on-going continuous process. The individual is continuously capable of learning new skills and expanding existing abilities. Habilitation is therefore always possible.

The model of development for the retarded individual resembles that pictured in Figure 1.

It is obvious from this model that retardation does not arrest development at any one stage nor completely terminate abilities to develop further. Rather, development lags behind the normal expected growth rate. The time needed to attain certain levels of proficiency is somewhat longer, and aids to compensate for the disabilities which hinder development may be necessary.

Whatever the problem, whether it be the need for more extensive training or developmental aids, habilitation remains possible. Often a finding of retar-

MOVEMENT TOWARDS INDEPENDENCE IN THE RETARDED DEVELOPMENTAL PROCESS

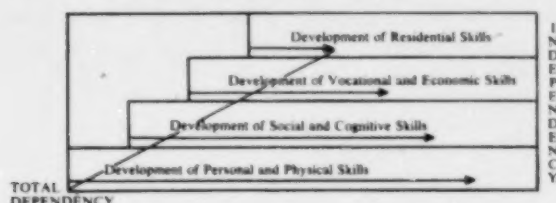


Figure 2

dation restricts an individual's exposure to the normal process of development, and expectations are lowered to levels far below his potential capabilities. To further hinder the developmental process, the individual is often removed from the family and society and placed in a sheltered protective environment where he is not exposed to society and where he is denied the variety of relationships which are necessary to progress from dependence to independence. It is important to re-emphasize that the process of development is a continuous process, and that advancement to higher levels is dependent upon the mastery of skills at lower levels. Most programs in corrections fail the retarded offender because they attempt to develop skills related to job success while neglecting primary skills. Habilitation necessitates taking the person through the *entire* developmental process.

B. The Nature of Criminal Behavior

Having elaborated upon the earlier definition of retardation, it is important to develop that of criminal behavior, that is, behavior adjudicated as being in opposition to established legal codes. To understand better criminal behavior it is necessary to identify the major factors involved in most illegal behavior which we have divided into five general classifications: (1) a misunderstanding of how to use institutions in society to attain desired goals in a legally sanctioned fashion, (2) a striking out against society in frustration stemming from one's own limitations or feelings of rejection, (3) mental illness causing irrational criminal behavior, (4) sociopathology or criminal behavior based upon a calculated disregard for other people's rights, and (5) naivete or an inability to appreciate the consequences of one's own behavior.

The causes relating to each factor are many and varied, depending upon each individual offender's situation and the circumstances relating to each

illegal act. It cannot be the purpose of this document, however to explore the full nature of criminal behavior as it relates to all offenders. Space alone would not permit.

C. The Retarded Individual and Criminal Behavior

In relation to the retarded person who commits a crime, the factors offered above are applicable, however certain of these factors are more often the source of criminal behavior in such cases, i.e. a misunderstanding of how to use social institutions to attain desired goals, a striking out in frustration . . . , and naivete. All three factors can be directly related to the condition of retardation. Although retarded persons, like persons of "normal" intelligence, can become mentally ill, such illness is not a major factor in their criminality. Their lack of sophistication would also make retarded offenders less likely to be classified as sociopathic offenders. This is to say that the data, to date, would indicate only occasionally that the criminal behavior of a retarded individual is attributable to a calculated disregard for the rights of others.

Once the reason for the retarded individual's criminal behavior is established, then programs designed to help him modify his behavior can be implemented. For example, if the source of the deviancy stems from a basic misunderstanding of social institutions and the acceptable means of utilizing them, then steps can be undertaken to create understanding.

But to program for the retarded individual only along lines to modify criminal behavior is to do very little. In designing and implementing habilitative programs for this group of individuals, the programmer must be aware of both problems, retardation and criminal behavior. There is little benefit to the individual or society to attempt to handle one problem or the other without addressing both. Furthermore, to expect the retarded person to learn from his mistakes, as a normal person would, is to show little understanding of the problem of retardation. In recognizing dependency as a problem in retardation and attributing appropriate significance to it in the formulation of programs, the individual's present level of development can be established by diagnostic procedures (which will be discussed later) and programs can be designed to help him. It follows that there would be no point to develop an individual's vocational or independent residential skills without understanding the factors relating to his criminal behavior.

There is little question that, while undergoing this training, the retarded offender must be restricted from infringing on the rights and physical well-being of others. The restriction can take many forms, all of

which are familiar techniques employed in the criminal justice system and include everything from maximum security to residence in a community group home.

CHAPTER V. PLANNING AND IMPLEMENTING A PROGRAM FOR RETARDED OFFENDERS

Based upon conclusions reached in Chapter Three and drawing from the conceptual framework developed in Chapter Four, the following pages will provide a practical approach to the treatment of retarded offenders within correctional settings. The procedures and programs outlined below are specifically designed for those individuals who score less than 70 on any given standardized I.Q. test. The program would also be appropriate, in modified form, for the offender with borderline intelligence (70-85 I.Q.). But because of the difference in the degree of sophistication and the abuse characteristic of the 'pecking order' in the prison culture rarely should these "borderline" individuals be grouped with the retarded offender.

Some of the material in this chapter is based upon a synthesis of the work of John Fanning, Director of Retardation, Mental Health Services, Roanoke, VA; the Florida Department of Mental Health, Division of Retardation, Intra-Agency Task Force on the Retarded Offender; and the James L. Maher Regional Center, Newport, RI. For the most part the material is the result of the authors' research and experience in programming in the field. Where other sources are used they are identified.

A. Program Goals

The major goal of the prescriptive package is to develop and implement a system of services specifically designed to meet the needs of the retarded offender. The system here includes: diagnosis, evaluation and classification, development of personal, physical, educational and vocational skills, courses in human sexuality and the development of social values and independent life skills. The ultimate goal is the re-entry of the retarded offender into the community as an independent, law abiding and better adjusted individual. In setting goals for the retarded offender, it is important to keep in mind his right to equal opportunity to develop to his full potential.

B. Objectives Toward the Accomplishment of the Goals

- Providing the courts with alternatives to the present system of incarceration in prison by making available special programs for retarded people.
- Reducing administrative problems caused by the incarceration of retarded offenders within the regular correctional system.
- Setting up a diagnostic and classification scheme which appropriately defines the intellectual and developmental levels of the retarded person and places him in the setting appropriate for his personal and security needs.
- Creating a developmental oriented, emotionally supportive and physically safe environment for the retarded offender.
- Developing an individualized treatment program for each retarded offender based upon an appropriate understanding of his developmental needs and criminal behavior.

Raising the level of the inmate's understanding of his personal and social behavior.

Helping the inmate acquire the skills, resources and opportunities necessary to survive comfortably in society.

Obtaining a significant reduction in the incidence of institutional rule infractions by the retarded offender.

- Providing a system of supportive services that will make re-entry into the open community easier and reduce recidivism.
- Establishing guidelines for correctional and parole officers in working with the retarded offender.

C. Strategies and Benefits

In working toward these objectives certain strategies will be used for desirable ends.

- By establishing *special services* for the retarded offender, it is anticipated that many of the behavioral problems displayed by the offender who is housed in facilities with intellectually "normal" inmates can be minimized. Special services provide the courts with feasible alternatives and reduce administrative problems.
- By setting up an *outline of appropriate tests, scales and procedures in assessing* the retarded offender's strengths and weaknesses and by grouping them in homogeneous units, the negative effects of placing retarded offenders within the general prison populations will be minimized.
- By providing *small administrative and program planning units* of no more than 100 inmates with residential units of 6 to 8 and a ratio of 1 staff member to 6 to 8 inmates, training can be carried on effectively. In on the job training a 1 to 1 relationship is preferred. This arrangement will allow the retarded person a closer relationship to staff with whom to identify. If the retarded offender will no longer have to compete with brighter, more "street-wise" inmates, he can work on a level consistent with his abilities, enhancing his self-image and adding to his motivation to perform.
- The complex of *physical, personal, social, prevocational, vocational and independent living skills courses*, which will be an integral part of the program, will help the retarded offender to make a successful transition to his community. As a rule, retarded persons do not lose jobs because of their inability to perform the task for which they were hired but rather because of an inability to get along with fellow employees. In addition, poor personal grooming habits, lack of understanding and unintentional abuse of sick and annual leave often complicate matters.

The role-playing exercises to be discussed search out appropriate social values and demonstrate inter-personal behaviors which will enhance the retarded offender's ability to acquire a job and maintain it.

- *Training correctional personnel* in the nature of retardation will increase their understanding of the program itself, and lead to the creation of a developmental environment.

- *Training parole officers* in understanding and appreciating the special problems and needs of the retarded offender will ease the transition of the retarded person into the community. Parole officers will better understand the program of the correctional facility.

D. Initial Diagnosis, Classification and Evaluation

1. *Initial diagnosis.* In accomplishing the goals outlined above, it is important that the retarded offender be identified early within the criminal justice system and that the identification process be well developed in order to assess individual needs.

Our research notes that in too many cases retarded offenders are not tested and hence never identified as retarded. Testing that is done is often far from comprehensive and lacks supplemental testing when problems are indicated. It cannot be emphasized too strongly that testing is essential. The procedures which follow are divided into three steps: Initial Diagnosis, Classification and Evaluation. This succession of steps is necessary for preliminary identification, placement and further evaluation of needs in order to program for the retarded offender.

Standardized group-administered I.Q. tests should never be viewed as anything other than an indication that the individual may be retarded. However, group tests do provide quick methods to single out the offenders who need further examination, and therein lies their value.

Some psychologists feel that a valid measure of an individual's mental ability can be obtained only by using an individual rather than a group test. However, time and expense prohibit the administration of individual tests to all offenders. Group tests can serve as measures of an individual's ability, afterwards individuals scoring less than 80 should be given individual tests. Examples of group tests include:

- *The Revised Beta Examination.* This test is designed for group testing and therefore is not as comprehensive nor as valid and reliable an instrument as the Stanford Binet or the WAIS. It is a non-language group test developed initially for testing foreign speaking and illiterate soldiers during the First World War. It was restandardized again in 1947 and now consists of six subtests, including a) mazes, b) symbol-digit substitution, c) pictorial absurdities, d) paper-form board, e) picture completion and f) percep-

tual speed. Some language is used in giving instructions, although explanations rely heavily on practice exercises that precede each subtest. Ideally the Revised Beta should be used as a screening device to be followed by the individually administered and longer Binet or WAIS.

- *The Army General Classification Test.* This test was designed as a measure of general learning ability. Forty minutes is the time allotted for testing. The test consists of three types of items which measure verbal, numerical and spatial factors of intelligence.
- *The Academic Promise Test (APT).* This test is composed of a battery of four tests: Verbal (V); Language (LU); Abstract Reasoning (AR); and Numerical (N). Time limits are adequate so that the emphasis is on ability rather than speed.
- *California Test of Mental Maturity.* Eight levels of test have been designed to provide for the sequential measurement of mental abilities from kindergarten to adult life. Two editions are available for each of these levels, a two-period test, the *Long Form*, and a one-period test, the *Short Form*.
- *Large Thorndike Intelligence Tests.* Five levels are covered in this test from kindergarten to grades 10-13. It is comprised of a verbal and non-verbal series and is essentially made up of time-limit power tests.

If an individual scores below 80 on any standardized group test, he should be subjected to an individualized standardized test to determine the true level of his intelligence. Ideally these tests should be administered to anyone suspected of being of borderline retarded intelligence prior to sentencing, but in any case they should be administered before entrance into the correctional system.

There are many kinds of intelligence tests and clinical psychologists have their preferences. However, for the purpose of those individuals who are not familiar with certain measures, a brief summary of two of the more frequently used measures is presented below. Scores of 70 or below on these tests are taken to be indicative of retardation. The Stanford Binet are age scales, in that subjects are given credit in months for tasks completed successfully. The subject's total score is the sum of months of credit received for items passed. This sum is referred to as the subject's Mental Age (MA). The Mental Age is then converted to an I.Q. by referring to a table. The most important

diagnostic sign derived from the performance of an individual on the Binet is *scatter*. Here the emphasis is placed on irregularity of test performance, or the degree to which easy items are failed and more difficult items are passed. The amount of scatter is therefore most important.

The Wechsler Adult Intelligence Scale (WAIS) is a point scale. The level of intelligence is determined by adding credit points for items passed successfully. Thus I.Q.'s are found for three scales: verbal, performance and full scale. The chief advantages of the WAIS include the following: scales for adults contain adult material and have been standardized on adults; the individual's performance is compared with the average for his own age group; verbal and non-verbal items are given appropriate weight. While special training is needed, the administration, scoring and interpretation of the Wechsler test is not unusually difficult or time consuming.

2. *Classification and grouping of the retarded inmate.* It has been established that the retarded inmate has little to gain from being grouped with inmates of "normal" intelligence because of the pervasively negative impact of the prison culture and because of injustices they are subjected to by the imprisoned majority.

It is of little benefit to the retarded person whose criminal behavior has been identified as non-aggressive to be subjected to the rigors of maximum or medium security where he must learn a complicated system of rules and behaviors before moving to a less restrictive setting. There is little to learn about the individual's abilities for readjusting to society from how well he does or does not adjust to the militaristic routine of prison. Accordingly it is of the utmost importance that retarded offenders serve part of their sentences in community facilities. But, regardless of where the program is located, it is important that it be structured and routine and that retarded offenders whose behavior is dangerously aggressive receive appropriate degrees of security.

The State of Florida, Division of Retardation, in considering subdivisions of the retarded offender, has identified seven (7) major subgroups which will be presented in a much edited form below. The system was developed as a joint effort between retardation, offender rehabilitation (corrections) and mental health agencies. The value of the classification system is that it removes the individual who does not need the security of corrections, into the service delivery system of the Division of Retardation while providing a system of services, delivered by retardation specialists, for those offenders who do need the security of the correctional system.

It should be emphasized that no classification system is foolproof and in the best interest of all, placement should be considered on an individual basis by a multi-disciplinary team-review under one administration. Even so, there will be cause for moving individuals between facilities with differing degrees of security after the initial placement because of misjudgement or changes in the offenders' behavior. These moves should be uncomplicated and carried out with ease.

The system in Florida recommends that custody and program responsibility be divided between three separate agencies — retardation, offender rehabilitation and mental health. Despite carefully worked out inter-agency agreements, this system may cause problems when it comes to making the necessary transfers. With a view toward the problems inherent in interagency relationships and the problems of determining who does or does not need a secure setting, it is best that custody, throughout the individual's period of sentence remain with correctional services who should employ the expertise of retardation specialists. Although the individual may be placed in a variety of settings appropriate to his need for security, program content should remain basically the same in all settings with different degrees of emphasis, depending upon individual and group needs.

For residential and recreational purposes a further subdivision of all groups into homogeneous units based on age is also desirable.

Classification personnel should keep in mind that retarded persons who function on higher levels are clever at masking their limitations. They often react to situations which challenge their intellect by being clownish or hostile. By employing "pat" phrases and clichés in their talk and by avoiding situations which might uncover their lack of abilities, they are able to deceive even the most seasoned clinician.

Group A: This group is composed of offenders with I.Q.'s of 70 or less who have been convicted of a violent crime or whose behavior is dangerously aggressive and anti-authoritarian. The offender should be assigned to a medium security setting and progressively work himself through the various degrees of security as his abilities and behavior indicate. The primary emphasis in the early stages of incarceration should be on the modification of behavior in addition to receiving the array of appropriate counseling and developmental services (outlined later in the chapter).

If retarded offenders are housed apart from the "normal" prison population in small groups, it will

be possible to relax codes even in secure settings in view of their general lack of inventiveness and organizational abilities. The setting should be as personal as possible. As the individual progresses in the control of his behavior, he should join the individual setting designed for less aggressive retarded offenders.

Group B: This group is composed of offenders with I.Q.'s of 70 or less who have been convicted of non-violent crimes and whose behavior has been identified as not dangerously aggressive. Although this offender may display anti-authoritarian characteristics, he is not overly impulsive or abusive and not likely to take advantage of others. He should be placed in a minimum security setting, apart from the general prison population, or in a closely supervised group setting in the community. Although he may later join groups of non-offenders who are retarded, it is unlikely that he would be ready to do so if his behavior is such that it warrants consideration of sentencing to prison. Experience has pointed out that placing groups of retarded offenders with non-offending retarded persons has usually resulted in the abuse of the latter group by the former.

Group C: This group is composed of those offenders with an I.Q. of 70 or less whose behavior is considered to be a manifestation of mental illness or a behavioral disorder. Like the offender with normal intelligence, who displays similar behavior, he needs the special services of a psychiatric unit. Behavior of these offenders may be bizarre or characterized by extreme withdrawal, outbursts of uncontrolled temper, extreme aggressiveness towards themselves or others, or a preoccupation with imaginary voices.

Because of the lack of appropriate programming and a general confusion about the nature of retardation, many states have misappropriately used "institutions for the criminally insane" as facilities for the incarceration of the retarded offender. By and large the rehabilitation aspects of these facilities are just as inappropriate for the needs of the retarded offenders as are the regular prison programs. It should be kept in mind that retardation is not primarily a medical or psychiatric problem and, if the symptoms of mental illness subside, the inmate should be returned to the programs for the regular retarded offender.

In that some retarded offender would be less likely to appreciate the consequences of escape and because of his tendency to run away from situations he does not understand or which cause him discomfort, close supervision of all three groups is necessary. This is

particularly true at the earlier stages of incarceration and until the individual feels accepted.

Thus, having presented a system for initially identifying the individual who is retarded and a classification scheme for placing him in homogeneous groups, the following evaluation methods and procedures are necessary for developing programs.

3. *Evaluation.* Tests of intelligence are insufficient and of little practical value in the actual planning of individual or group programs for the retarded offender. More important is the assessment of his social maturity or independent functional skills, supplemented by clinical judgement and bio-medical information inasmuch as many retarded persons suffer from epilepsy and other physical disabilities.

Adaptive Behavior Scale. One instrument to measure levels of development is the Adaptive Behavior Scale of the American Association on Mental Deficiency (AAMD). It provides scores which measure the degree of self-sufficiency, sensory motor development, language development, socialization, domestic skills, vocational potential and responsibility.

Vineland Social Maturity Scale. Another test is the Vineland Social Maturity Scale which measures and describes in operational terms a subject's abilities to define spheres of behavior. It is not directly administered to the individual but rather is an interview with persons who are in close contact with the inmate. This does not demand the subject's collaboration. Therefore, it is more objective and not affected by temporary emotional disturbances of the newly incarcerated individual. The scale records observed habitual behavior in a number of areas such as: self-help, locomotion, occupation, communication, and socialization. The inventory of performances is based upon a statistical evaluation of their frequency for successive age periods. The scale, as such, is not a direct measure of intelligence, skill or the like but only of their "cognitive capitalization" for social effectiveness (Doll, 1953; Clark and Clark, 1965). Re-administration of this scale after a period of programming will give some information as to the progress an inmate has achieved in relation to self-help, self-direction, motivation, judgement and emotion. It can provide an excellent resource in assisting parole boards in making their determinations.

Either scale is a good indication of how well programs are being accomplished. Most clinicians would agree that if the offender has improvement in the area of motivation to please and improved judgement in decision making, then he must be feeling much better about his personal image and ability to

handle frustration as well as his environment. The personal preference of professionals for measuring devices often makes the difference in how effective the tool will be.

Additional measuring instruments described by Anastasi (1964) which would be helpful in understanding the individual needs and levels of functioning and which can be used to develop programs and determine group placement for the offender are:

Progress Assessment Chart (PAC). This chart is based on the developmental model, i.e., development of motor functioning, socialization, communication, effective skills (personality), and cognitive skills, (I.Q., level of knowledge). The PAC gives a detailed graphic and easily visualized account of an individual's total performance, and it allows for periodic evaluations and measurement of growth (personal growth).

Here again the instrument is not administered directly to the retarded offender but is done through interviewing either the parents or other persons knowledgeable of the inmate. From this baseline evaluation, goals and objectives can also be determined and an individual plan set up accordingly. A periodic six-month re-evaluation can be done to determine an individual's total progress, based on more frequent evaluations of growth toward specific goals.

Adult Basic Education Test. Increasing concern for culturally disadvantaged minorities stimulated the development of new tests for undereducated adults. An example of this latter type of test is the Adult Basic Learning Examination (ABLE). This is an achievement test specifically designed for use with adults in community adult-education classes and special agencies such as the Job Corps. It is available in two levels corresponding to grades 1-4 (Level I) and 5-8 (Level II). At each level ABLE consists of four tests—vocabulary, spelling, reading and arithmetic.

This test can be used for two purposes: (1) to initially assess the retarded inmate to determine his weaknesses and strengths academically, so that individualized plans can be determined from the findings; (2) to initially assess the retarded individual's level of functioning, so that in 6-month, 12-month and 18-month intervals it is possible to retest to see if educational methods are proving effective.

The more academic skills one possesses the more likely he is to fit in and find some niche in open society. Although it is no guarantee and a multitude of other factors come into play, this information should be very valuable. It could also be used to help

plan adult-education classes when the retarded person is paroled.

Rosenzweig Picture-Frustration Study. The Rosenzweig Picture-Frustration Study (P-F Study) is not a picture-story test. Rather than composing an entire story, the respondent is required only to insert a short bit of conversation in each picture. The P-F Study was developed on the basis of Rosenzweig's theory of frustration and aggression (see Rosenzweig, 1960). It is available in a form for children (4 to 13 years) and a form for adults (14 years and older). Each form comprises a series of cartoonlike drawings, depicting two principal characters. One of these characters is involved in a frustrating situation common in everyday life; the other is saying something that either occasions the frustration or calls attention to the frustrating circumstances. The examinee is instructed to write in the blank caption box what the frustrated person would answer. He is urged to give the very first reply that comes to his mind. The frustrating situations are of two types: (a) "ego-blocking," in which some obstruction, personal or impersonal, impedes, disappoints, deprives, or otherwise thwarts the individual directly; and (b) "superego-blocking," in which the individual is insulted, accused, or otherwise incriminated by another person.

The P-F Study is based on the assumption that the individual identifies with the frustrated character in each picture and projects his own reaction tendencies in the reply. In scoring the test, each reply is classified with reference to type and direction of aggression. Type of aggression includes: "obstacle-dominance" in which the frustrating object is emphasized in the response; "ego-defense" in which attention is focused on the protection of the thwarted individual; and "need-persistence" in which the constructive solution of the frustrating problem is paramount. Direction of aggression is scored as "extra-punitive," or turned outward on the environment; "intrapunitive," or turned inward on the subject; and "impunitive," or turned off in an attempt at glossing over or evading the situation. In scoring the test, the percentage of responses falling into each of these categories is compared with the corresponding normative percentages. A group conformity rating (GCR), showing the individual's tendency to give responses that agree with the model responses of the standardization sample, may also be obtained.

Since the public and most judicial systems are very concerned about the potential 'aggressiveness' of an individual when he becomes upset or does not get his

request in life, this instrument provides a way of making a rough judgement as to an individual's ability to manage maturely and direct aggression and hostility.

A pre- and post-examination of each inmate with this instrument can assist in validating assumptions. One can also indirectly look at the results of this test to see, if in fact, retarded inmates learn better methods of aggressive impulse control when they are rehabilitated in a 'more sheltered' environment, away from the more bright, manipulative inmates. This instrument can be administered at set intervals.

E. Program

To ameliorate the effects of retardation and criminal behavior, the program components outlined below are necessary components of any comprehensive program. The outline for the program remains the same throughout any correctional system and for all retarded inmates. However, given certain individual needs, certain program components should be stressed. For example, the staff should be mindful of the different levels of abilities and skills between individual retarded offenders, and should not assume that each individual needs the same program with the same degree of emphasis as every other individual. Some retarded inmates may need extensive assistance in improving personal grooming, and table manners or in performing household chores, while others have developed these skills to a degree superior to an individual of "normal" intelligence. To subject the latter group to an elementary course on good grooming and personal health care would be humiliating and counterproductive. Throughout, flexibility should remain a priority.

Careful, detailed verbal and repetitive instructions are always necessary. Tolerance and objective acceptance of the retarded offender as an individual is probably the most important ingredient in the staff-offender relationship. Retarded people in general have a tendency to be easily led. Once they feel accepted, they usually form lasting bonds with those who respond to their needs. This is a characteristic which can also result in their exploitation by others. A sensitive well-meaning correctional or parole staff can use this characteristic to the benefit of the offender.

It is important to keep in mind that each staff member should have several functions, and that all staff members should be considered members of the rehabilitative or therapeutic team. For instance, the correctional officer, in addition to providing security, should consider himself a role-model for the

retarded inmate, and should engage in helping the individual in the development of skills.

One of the basic problems of the retarded individual, and one which causes him difficulty with his fellowman and the law, is his inability to abstract ideas and thoughts. His thinking process is much more concrete than that of persons with "normal" intelligence, and he does not easily transfer learning from one area to another. As a result, he has less ability to discriminate between appropriate and inappropriate behavior.

For example, most persons, by observing punishment dealt out to other individuals, become aware of the consequences of these certain behaviors and avoid them. Retarded people have a diminished ability abstractly to apply knowledge, such as this, to their own situation. Retarded persons have to learn through repeated exposure to contrived situations, and one of the most effective and beneficial techniques for doing this is through role playing and group discussion. A program for retarded offenders should also provide repeated structured opportunities allowing the retarded person to experiment with his ideas and instincts so he can learn in a protected situation to discriminate between socially acceptable and unacceptable behavior, and the consequences of either.

The setting, whether secure or a group home in the community, should be structured and supportive of the offender's developmental process. It should be as personalized as possible, and should assist and encourage the inmate to handle all of his own needs.

Central to all activities is cognitive/pre-vocational evaluation and training followed by individualized vocational training and work experience, with supervised job placement in competitive employment as the final steps in this program.

1. *Cognitive, pre-vocational and vocational evaluation and training.* The sequential order of the process—pre-vocational education, training, cognitive evaluation and training, and vocational evaluation and training—need not follow a rigid procedure, although the logical process is to evaluate and train, re-evaluate and continue training.

The cognitive, pre-vocational, vocational evaluation and training process must have as its basis an informative evaluation of the individual's skills in these areas: academic schooling followed by a comprehensive introduction to occupations and a variety of work situations, coupled with on-the-job training and placement in competitive work situation. In order to be most effective this process should be individualized to meet a particular

offender's needs. The evaluation/training components are usually interdependent and simultaneously carried out throughout this process.

The case histories of most retarded offenders more than likely will indicate that they entered the "special classes" segment of public education early in their school years. The special education process is often non-directed and ill-suited to prepare a retarded individual for work. It has been a hit and miss attempt to acquaint them with basic skills and, because of the behavioral disorders of many of the students, the main focus is on discipline. For the most part, special education classes have been a dumping ground for children with a myriad of problems. Only in recent years have a few school systems developed prescriptive education planning for the individual. However, this change has not been widespread and, for the most part, the retarded offender within the correctional system has not had the benefit of this recent phenomenon.

Most retarded adults have had sporadic work histories, fail to appreciate the nature of work and have developed poor work attitudes, all manifestations of their stumbling attempts to fit into a labor force without proper preparation by school officials and without having guidance in choosing jobs suited to their abilities.

Society in its desire to maintain stability and order requires individuals to work. Work becomes the basis of the individual's adjustment in society. It is the major vehicle through which the individual maintains an equilibrium in his social life and is an instrument through which he acquires dignity in the sight of others. Work is crucial to the objective of personal independence in that it provides the income necessary to maintain oneself. Thus it engenders positive attitudes from family and friends, giving status and acceptability. Any attempt to help the retarded offender adjust to the open community must recognize the importance of vocational evaluation and training.

Wolfensburger (1971) has demonstrated that the average retarded individual, who has undergone vocational "rehabilitation," will return \$7.00 to \$10.00 in income tax for each \$1.00 spent on his rehabilitation. Garrell and Griffis (1971) have noted that for every \$1,000.00 spent on "rehabilitation," there was an increase of \$4,700.00 in the rehabilitant's earning. Studies such as this have dramatically pointed out the benefits of vocational training.

For some groups of retarded individuals, vocational "rehabilitation" is more productive than for others. It has been observed that there is a vast

difference between the initial employability of retarded persons from different classes in society with an almost 50 percent higher employability rate for the retarded person who comes from the lower class. Middle class families often protect and isolate a retarded child, whereas families from lower classes have a tendency to treat their retarded children in much the same fashion as "normal" children. This leads to their higher employability. All other things being equal, since the majority of the retarded offender population, as their intellectually "normal" counterparts, are from lower classes, it should be assumed that they will have a high employability rate given adequate vocational training and support.

However possible it is to equip the individual with a special skill before employment, such as carpentry or plumbing, it is of little value in that it limits the individual in terms of other jobs he might pursue and leads to frustration if such opportunities do not exist. It would be more practical to provide vocational training to develop general skills applicable to many occupations. The over-riding purpose would be as follows:

- To provide the individual with an orientation toward work.
- To determine, measure and note the individual's work-related needs, assets and limitations.
- To guide the individual in becoming aware of and accepting his vocational assets and limitations, and to train and develop the variety of necessary skills.
- To encourage stable work habits and strive to increase the individual's work tolerance.

a. *The setting—description and purpose of a sheltered workshop.* To realize the purposes of vocational evaluation and training, the best environment is an actual industrial setting which is duplicated adequately by establishing a licensed and sheltered workshop, or arranging to have a branch of an existing community-sheltered workshop brought into the prison. A well equipped workshop, actively engaged in a variety of subcontractual work for which the offender is paid wages, gives meaning, motivation and reality to the evaluation-training process and ultimately to work itself.

For some offenders, a later step in the habilitation process will be to connect him with a sheltered workshop in the community, but for most offenders, it will be possible to move them directly into competitive employment once they reach the later stages of their confinement.

A sheltered workshop is a controlled working environment designed to facilitate evaluation of the retarded or otherwise handicapped individual. It provides work adjustment and vocational training based upon individualized vocational goals. The ultimate goal of the sheltered workshop is to move the worker out of the workshop into competitive employment in the community or, if this is not feasible, to provide gainful employment to retarded people unable to achieve this transition by placement for an indefinite period of time. As pointed out, most offenders function at a level where they can enter competitive employment, but some will need extended employment in sheltered workshops.

Because of the movement away from the use of state schools and institutions for retarded people in general, there has been a phenomenal growth in the number of community workshops for the retarded. Most larger communities and many smaller ones have those facilities and the retarded offender who needs extended periods of sheltered employment can be placed in those programs once he leaves the correctional system.

The process of establishing and equipping, staffing, subcontracting, licensing, and funding a sheltered workshop can be a protracted and complex operation, and should not be attempted by a novice without some training and guidance from individuals with experience. Many sheltered workshops are less than adequate so that, when establishing one in prison, the administrator should be careful not to duplicate a poor example. The National Association for Retarded Citizens has published a booklet entitled *Planning a Sheltered Workshop for Mentally Retarded Persons* which includes a bibliography. Stout Institute in Wisconsin offers a series of short courses dealing with the operations of sheltered workshops. Because of the exorbitant cost planners should guard against the commercialized training programs, which have been established by opportunists, even though their programs appear acceptable. Better that the individual spend only a few weeks at a well-run program, than longer in a poor one.

Well equipped and versatile workshops are necessary to provide a well-rounded evaluation, training and work experience for the retarded offender. In addition to a well structured concrete evaluation technique, workshops would be performing a variety of different types of work, including foot, hand and drill press operations, packaging, sealing and those light machine operations familiar to most industries and

appropriate for less skilled workers. In addition, formal, structured evaluation and training can be done by utilizing the regular work assignment in any institution, such as food preparation and kitchen maintenance, grounds work, construction, janitorial work, painting, laundry and so forth. These are all vocations which are frequently filled by retarded and non-skilled individuals. This should not be a 'hit and miss' operation, and should be accompanied by classroom instruction. In addition, the regular vocational training that is part of most prisons might also be of benefit to some retarded persons. However, the danger here is the over-shadowing effects and adverse relationships of the more competent offender to the retarded offender.

b. *Cognitive evaluation and training.* Vocational Training is dependent upon the development of cognitive and social skills. As graphically portrayed in the developmental model which appeared in Chapter Four, movement towards economic and residential independence necessitates a level of skill development in the earlier stages of maturation. However, one of the more difficult tasks in working with the retarded offender may be to motivate him to return to formalized academics in that his school experience for the most part has been frustrating and he has repeatedly failed. However, most retarded individuals, if properly motivated and worked with in a non-threatening, supportive classroom, can dramatically improve their cognitive abilities. For the most part the academics would be of a survival nature and should be related to improving the individual's abilities in employment and other areas of everyday living. For instance, the individual's reading, writing and arithmetic skills should at least be improved to the point where he is able to look for work in the classified ad sections and to fill out job applications. It is also important for the individual to read public signs, directions, maps, bill and safety instructions, and be able to fill out forms necessary in obtaining services.

Time limits should not be built into the curriculum. Although dramatic changes in the individual's cognitive skills is desirable if properly motivated, it is also important not to challenge the individual to develop academically beyond his capabilities risking further failure.

c. *Pre-vocational evaluation and training.* Running concurrent with "survival academics" courses should be prevocational evaluation and training. Frank Roskos has developed a primary text entitled *Preparing for the World of Work* which is a practical guide to planners and educators. It will introduce the

student to the vocabulary and general information needed for an effective work/study program and to acquaint the individual with the essential information concerning the work-a-day world. Utilizing a number of exercise sheets made up of actual job applications, social security forms and tax forms, it exposes the student to the realities of working. It includes a discussion of labor unions, fringe benefits, job responsibilities, a discussion of why people work, and the purposes of taxes. Each topic should be handled individually and repeated at spaced intervals to assist the individual who has difficulty understanding the process.

Singer Graflex of Rochester, NY, has marketed a highly respected pre-vocational evaluation and training instrument called the *Singer Job Survival Skills Manual and Kit*. It is designed to introduce the individual to the personal and interpersonal relations required in work situations. It gives occupational guidance programs a new dimension and is designed for group discussion. The group is comprised of a group leader and 8 to 10 trainees. It is a self-contained kit utilizing sound filmstrips, pictorial presentations and instructional manual. It is versatile and can be tailored to meet the needs and abilities of any particular group. It stresses the development of personal skills needed to acquire and maintain a job, but it is not practical in teaching technical skills.

d. *Vocational evaluation and training.* Before actual on-the-job training or assignment to actual work tasks in sheltered workshops, it is important to evaluate dexterity, tool handling, sorting and other discrimination skills, physical tolerance for work and perceptual and/or motor abilities.

The evaluation process of the individual's work related skills and abilities should be structured and well designed. The James L. Maher Center in Newport, RI, begins the process by giving clients a general orientation to their workshop staff and program. This is followed by instructions on workshop rules and client responsibilities and concluded with a series of vocationally oriented tests and an evaluation scale. The evaluator interviews each client in order to obtain a general impression of a client's interests, self-concepts, work attitudes and various reactions to the work situation. The client is then tested for manipulative dexterity using the following tests:

- **Purdue Pegboard Test** which evaluates the individual's ability to perform fine manipulative tasks bilaterally and unilaterally. This test provides separate scoring of right, left

and both hands as well as scoring on small assembly work.

- Fine Eye-Hand Coordination is evaluated by using the Crawford's Small Parts Dexterity Test which evaluates the trainee's ability to handle small tools and fine eye-hand coordination activity. This test provides separate scoring for use of tweezers and screw driver.
- Finger dexterity is determined by the O'Connor Finger Dexterity Test and is used to evaluate the trainee's ability to manipulate rapidly small parts by picking up and placing them in designated holes.
- The Bennet Hand Tool Dexterity Test can be used to evaluate the trainee's aptitude and achievement in handling tools. Mechanical manipulation, bilateral and unilateral control, gross prehension and eye-hand coordination are tested.
- The Minnesota Rate of Manipulation Test is used to evaluate grasp-release abilities as well as bilateral postural integration, pincher-palmer prehension and eye-hand coordination.
- The Stromberg Dexterity Test evaluates the trainee's ability to discriminate and sort according to color and sequence. Precision in placement is a pre-requisite of speed.
- The Wells Concrete Directions Test determines the trainee's ability to understand and follow directions using right-left and near-far concepts.
- The Purdue Perceptual Motor Abilities Survey evaluates the trainee's perceptual abilities. This survey assesses balance, posture, body image, perceptual motor matching, ocular control and form perception.

Work samples drawn from actual subcontractual work are then used to determine vocational interests, abilities, limitations and potentials.

The next step in the evaluative process is a series of placements within the sheltered workshop at various production stations where the trainee can be observed in order to collect information on work-related traits such as rate, quality, concentration, persistence, ability to follow directions (verbally demonstrated or written), comprehension of instructions, decision-making and communication. Workshop station observation forms are completed by supervisors after a period of placement. Job production sheets are kept by the floor supervisors and information concerning rate of production, work stamina, cooperation, quality, speech, ego-

support needed, need and depth of supervisor's help, punctuality and the ability to get along with co-workers should be discussed with the evaluator. Examples of these forms can be obtained through the James L. Maher Center in Newport, R.I.

Observation and evaluation of an individual's physical capacity to withstand a full-day's employment on any given job situation is also a consideration. This involves measuring the degree of the individual's physical effort, tolerance and capacity of performance of the neuromuscular system. It is important because of the retarded individual's proneness towards physical limitation. The work evaluation procedure should conclude with a summary of all the findings based upon information obtained through the evaluations and reviewed by a multi-disciplinary team. This should be the basis of formulations with regard to the individual's vocational future. The individual can then be placed at a work station within the sheltered workshop or on assignment within the facility or in the community where he can be further evaluated and trained on the job. The total process should be supported by a series of site-visits to a myriad of industrial, sub-industrial, trade and service type jobs, such as assembly plants, laundries, food preparation, construction sites and support services to hotels and motels, print shops and retail stores, greenhouses and nurseries. The final step in this process is assisting the individual through the various tasks of obtaining and maintaining a position in competitive employment as well as a place to live.

2. Activities of daily living program. A major problem that retarded people have in their relationships to others is often their inability to dress properly and maintain acceptable personal hygiene. In addition, they fail in their attempts to live independently because of their unfamiliarity with and inability to perform those skills necessary for self-survival and maintenance of a place of residence. The Activities of Daily Living Program must be designed to provide the client with a knowledge of the factors necessary to live independently and to assist him in developing the skills necessary to do so. Although it is possible to teach these things in a classroom or a model apartment, it is important that the individual who does not possess these skills receive instruction and guidance in real-life situations and that these programs be carried on during the parole period as well as during incarceration.

The curriculum should be divided into various components to include both classroom and practical experience, but does not necessarily have to be presented in the sequence as outlined below.

a. *Grooming.* The objective of good grooming is to develop a responsibility within the individual for his personal hygiene and general appearance. The social as well as medical reasons for good grooming should be pointed out to the individual. Concrete examples of why people are accepted or rejected in various social situations should be stressed along with discussions and examples of what dress is appropriate and inappropriate in any number of given situations, i.e., work, recreation, or church. Involved are care of the body, hairdressing, application of cosmetics, use of deodorants, standards of cleanliness and toileting.

b. *Laundrying.* The objective of this course is to develop within the individual, the skills necessary for independent care of clothing. The curriculum should include detailed instructions on what can and cannot be washed, how to dry clothes, iron, fold and sort. It would also include instructions on what washing aids are applicable and how they should be used together with instructions on how safely to use machines and properly care for them.

c. *Menu planning and food preparation.* Many retarded persons lack the ability to plan properly and execute a proper diet. This course should include instructions as to what is proper nutrition and an explanation why a balanced diet is necessary. Meal planning in terms of time, quality and price should also be included in this course with detailed repetitive instructions and practical experience in preparation of food. This includes the use of cooking utensils, learning how to follow recipes, use of measurements, along with instructions on safety measures and experience in using kitchen appliances. Instructions on kitchen clean-up, sanitation and how to serve and properly set tables should be included.

d. *Housekeeping.* The objective of this course includes the development of skills necessary in choosing, budgeting, furnishing and maintaining a place of residence. Again, as the other courses in this series, classroom instructions and experience in model apartments must be supplemented by actual experience in real-life situations. Additionally, the program should include: how to choose a place to live within your budget, how to furnish and decorate it, standards of cleanliness, familiarity with cleaning supplies and instruments.

Since retarded persons are prone to buy "gimmicky" services and items (e.g., encyclopedias), proper caution should also be inculcated.

e. *Budget preparation and money management.* One of the major sources of difficulty a retarded person has in acquiring total independence in the

open community is his lack of simple arithmetical skills which leads to mismanagement of his financial resources. It should not be assumed that inmates will have even minimum abilities in addition and subtraction. Some methods that have proved successful are teaching the individual through the use of a color coded system. The individual is provided with colored envelopes, each corresponding to a major area of his financial needs, i.e., groceries, utilities, medical insurance, rent, clothes, drugs and first-aid supplies, entertainment and transportation. Each time the individual receives a paycheck, he cashes it and places the appropriate amounts into each envelope and keeps this in a safety box where he lives. This system has proved successful for adult retarded persons in understanding and handling personal budget.

There should also be instruction on setting up a checking and savings account. The individual should be taught how to shop economically for the necessities of daily living. How to obtain health care free or inexpensively is a matter that he should be directed to take up with his local health department. Stores such as food co-ops and Good Will Industries Budget Stores are excellent places to acquire food, clothing, household goods and furniture.

f. *Human sexuality, marriage and family planning.* The State of Florida, Division of Retardation, has a commonsense, practical policy on the sexual behavior of clients which points out that—

Sexuality has basically the same meaning and role for most of the mentally retarded that it has for other people. The capacities for expression, control and adaptation may be widely different between the two groups, but individuals within either group also have differences which change their expressions of sexuality. Retarded persons are more like "normal" persons than unlike them and, therefore, it is essential that they, and staffs working with them are kept aware of similarities rather than differences. A major similarity is that of sexuality. For anyone, the extent and sophistication to which sexual behavior is displayed is dependent upon physical and psychological development. Human sexuality is a lifelong process which begins, develops and alters with biological maturation and environmental influences.

To expand on the Florida statement, dating, marriage and family planning, together with the care and treatment of children, is a subject matter for which most people are ill-prepared. Retarded people, because of limited formal education, isolation and inability to absorb information such as this, have an even larger deficit in this area of knowledge. Courses in human sexuality should include discussion of dating and should recognize the responsibilities, and the advantages and disadvantages of marriage. Information about the legal ramifications of marriage,

along with its emotional and social responsibilities, should be discussed. The role of parenthood and its attached responsibilities, together with the effects of parent/child relationships, should be explored.

The primary problem retarded people have in regard to sexual behavior is related to their inadequate knowledge of human sexuality. They are not usually exposed to situations which foster appropriate sexual behavior. By not providing retarded people with opportunities for appropriate social/sexual experiences we callously leave them to a process of trial and error and then penalize them for error. John Fanning (1976) has developed a curriculum for human sexuality education and training specifically for retarded people. The topics he covers are:

- Attitudes Toward Sexuality
- Sex Myths
- Masturbation
- First Intercourse
- Contraceptive Alternatives
- Sterilization
- Love
- Venereal Disease
- Homosexuality
- Rape
- Treatment of Sexual Problems
- Anatomy and Conception
- Pornography
- Affection and Sexual Encounters

g. *Drug and alcohol education.* Several professionals reported that retarded offenders also had drug and alcohol problems. Because of their intellectual limitations retarded persons quite often develop dependent personalities which might well explain the excessive drinking and drug use. Without proper awareness they might well be prime candidates for addiction. The American University Student Council Hotline (1973) has developed a handbook called *The Ups and Downs of Drug Use* which contains information about the nature and effects of hallucinogens, amphetamines, barbituates, narcotics and alcohol. This booklet is excellent for developing a curriculum geared for an elementary level of understanding, but should be supplemented with discussions led by clinicians or persons who have experienced problems associated with drug and alcohol addiction.

h. *Current events.* Retarded adult offenders need help in understanding what is happening in the community, state and the world around them and how the news affects their lives. Newspapers, magazines and radio and television news programs are easily accessible materials. The retarded individual has reading disabilities and lacks motivation to become familiar with current events, so the

staff should select stories, topics and news features for discussion and encourage the retarded individual to do the same. The sessions should be conducted like group therapy. The team leader, or one of the higher functioning retarded individuals can either read aloud or summarize what he has heard for the group. This should be followed by a general discussion, and questions and answers.

i. *Civil and legal rights.* Retarded persons have the same legal and constitutional rights as every other citizen, and during the last few years the courts, the legislatures and society in general have begun to respect their rights. Long subjected to discrimination most retarded persons have never learned about their civil and legal rights, and much less about how to avail themselves of their protection. Part of the reason the retarded offender acts up, so to speak, is that he feels the frustration of being placed in a "suspect class." The criminal behavior is his attempt to consciously or unconsciously deal with this fact.

To the retarded person in general and the retarded offender specifically, full citizenship means the implementation and enjoyment of all his rights in a community setting where he can lead as normal a life as his skills and abilities afford him.

In order to remedy the effects of discrimination, the staff must become cognizant of the fact that retarded individuals are equals. The individual must be taught his rights, how to properly execute these rights and where to seek assistance when his rights are violated. He should also be taught the responsibilities these rights entail.

Course material should include basic citizenship curricula together with practical discussion of local and national politics. How-to-do-it instructions on how to vote, what the election process is and how to seek assistance through political representatives should also be taught.

j. *Community resources.* Retarded people in general tend to have fewer friends or family members on whom they can rely for assistance in a crisis or for support and guidance in everyday situations. The adult retarded offender has even fewer of these resources and, before his return to the community, he must be provided with knowledge of where to obtain assistance. Retarded people can be taught how to seek out and utilize those social, legal, medical, psychological and leisure-time community resources.

Information on the following agencies should be obtained along with sight visits when possible:

Food co-ops
 Legal aid agencies
 Public assistance and food stamps
 Free medical and dental clinics and health departments
 Emergency hospital rooms
 Goodwill Industries and their thrift stores
 Leisure time opportunities
 Vocational Rehabilitation
 Social Security Office/Supplemental Security Income Program
 Office of Economic Opportunities poverty programs
 Red Cross
 Y.M.C.A.
 Employment Commission
 Rescue Mission
 Salvation Army

Information which would be most helpful with regard to the above list includes:

Name of Director
 Address
 Purposes and services offered
 Hours of service
 Eligibility
 Fees for service, and
 Application procedure and special projects

k. *Leisure Time Activities.* A common denominator between retarded people in general and the retarded offender is the non-constructive use of leisure time. Retarded offenders need assistance in discovering leisure time activities which they are capable of doing and from which they can derive satisfaction in terms of physical activity, emotional creativity or a sense of accomplishment, pride, pleasure and respite. A program evolving around the development of hobbies, sports and social activities should be part of any well-rounded habilitation program. This should include an introduction and the actual participation of the individual in activities and facilities within the community. Many of the lower functioning retarded offenders might be included in these activities which are part of most community agencies which serve retarded people.

F. Services

1. *Group counseling and therapy.* By providing a group model for the retarded inmate to engage in problem-solving activities, he can begin to learn some of the rules which society requires of us in our interpersonal relationships. As discussed previously inmates should be provided with a structured environment with situational supports so that he can begin to learn how appropriately to display anger, and deal with the authority in society which he will come in contact with. Additionally, it will provide a format to learn more adequate problem-solving techniques.

Vito Agosti (1976), a social worker, has established a group counseling format for a Retarded Citizen's Association in New York City. The purpose and goals, as Agosti points out, stem from the retarded inmates' deep feelings of isolation. Often they fear closeness, and repress emotions. Group counseling provides a means whereby the offender can be helped to exchange intimate thoughts and feelings with peers and authority figures. It will lead them to feel that they share a common bond with others, mitigate their sense of alienation from peers and authority figures, and provide them with an experience which will bring them closer to others. Furthermore, Agosti observes that group counseling seeks to develop in inmates an ability to be rationally critical of peers, parents, staff and themselves, and attempts to stimulate the individual to be more personally responsible for his behavior and for the fulfillment of his needs. It also helps to enable inmates to control their impulses, especially that for immediate gratification of desire.

The role of the group counselor is to create an emotional atmosphere of acceptance, openness, understanding and enjoyment inasmuch as inmates need to feel that they will not be ridiculed, overpowered or infantilized, if they disagree with their peers or authority figures. The counselor, as the rest of the staff, has to function as a role model. Although it is asking a great deal, the counselor should try to become the symbol of a mature, responsible, candid, accepting person who is dedicated to the welfare of others.

Because of the importance of Agosti's techniques, we quote at length:

Unlike the leader of most counseling groups designed for intellectually normal adults, the leader must constantly intervene. If the leader plays a passive role and waits for 'things to happen,' the group will have a futile, empty experience. Retarded people, because of their cognitive handicap, and, passive-dependent personality, need a directive leader who will actively stimulate relevant discussion.

The leader must direct the flow of conversation and help cull out important themes. In addition, he needs frequently to summarize the discussion and recall past events. He may need to repeat phrases often and in simplified, varied formulations, or salvage statements mumbled by acutely self-conscious clients. The group leader needs to translate, and amplify understandable comments of members with speech impediments.

The leader diligently and continuously works to involve clients (inmates) in the discussion, struggling against their passivity and anxiety. The leader has to uncover ambivalent, vague, angry feelings, and bring them to the surface. The leader should help the group members reflect back on their own feelings and statements and those of their peers.

... Although the counselor needs to be

spontaneous in the communication of his own feelings and thoughts, he also needs to be conscious of whether or not his statements will be anti-therapeutic. In certain cases, he might consciously choose to share his annoyance or anger with a particular group member. In other cases, it could be damaging to the client and the entire group. The counselor repeatedly must ask himself if his intervention is intended to benefit the group, or merely reflects a personal dislike for the client's (inmate's) behavior. Moreover, he must be conscious of the degree of intensity of the feelings he wishes to elicit. Is the feeling an overreaction to a particular personality trait? Am I over-identifying with the client? The worker somehow needs to strike a delicate balance between spontaneity and self-awareness. An overly introspective worker who cautiously weighs each and every statement and affective signal, can be just as ineffective as the dimly self-aware worker.

Given the retarded client's (inmate's) intellectual deficiencies, characteristic fear of authority, insecurity, passiveness and dependence, workers need to be careful to avoid the ever-present temptation to manipulate and control group members. One important check obviously lies in client reaction to the worker. The group leader needs to work very hard indeed to create an atmosphere freeing retarded clients to feel open with him, disagree with behavior distinctly atypical for them.

Obviously, the worker who seeks such benign tumult needs himself to be secure, to enjoy the clamor and the struggle, and perhaps above all, to respect the retarded person as entitled to his individuality and his rights as is the worker to his own. (Agosti, 1976)

2. *Individual counseling or therapy.* Individual counseling has as its objective effecting behavioral change through personality adjustment. It is a one-to-one relationship between the offender and a qualified counselor. Usually a social worker, psychologist or a psychiatrist performs this role, but an increasing number of "para-professionals" are also counseling under the supervision of one of the professionals on the staff.

Through a variety of techniques and methods, the counselor assists the individual to gain insight into his behavior which results in the resolution of inter/intrapersonal conflicts that, in turn, effect the abilities of the individual to accept himself in relation to his environment. The main objective of individual counseling with the retarded offender is to help him to realize his potential, and to appreciate the cause and effect relationship of his behavior, thus effecting a reorganization of the personality.

Much of what Agosti discusses about group counseling is relevant in individual counseling and will not be repeated here. However, in counseling on an individual basis, the client to counselor role is often difficult to effect. Retarded individuals seldom seek counseling. The counselor should be assertive in offering his services. The counselor should also be prepared to engage in counseling in a setting other

than the traditional "office interview" and to use techniques in addition to the usual interview or talk session inasmuch as one of the major difficulties in counseling retarded people is their lack of verbal skills. Sessions centered around game activities or in informal settings tend to relax the offender, thus promoting his verbal response and leading to a constructive experience. For a further discussion of this topic see Ehlers *et al.* (1973), Baumeister (1967), Walthall and Love (1974) and Browning and Heber (1974).

3. *Medical services.* The Joint Commission on the Accreditation of Hospitals in its *Standards for Residential Facilities for the Mentally Retarded* presents a comprehensive outline of the primary services necessary to achieve and maintain an optimum level of general health for the retarded person who is institutionalized. Although many of the standards are specifically designed to maximize normal functions and prevent further disabilities of the more severely retarded and multi-handicapped individual, they are also useful in facilitating the optimal development of the incarcerated retarded offender.

As mentioned earlier, in order to form a comprehensive evaluation of the vocational and social needs of the client, it is necessary to synthesize all data about the individual. Medical information is one of the most important aspects of this because retardation is often accompanied by physical limitations. Most medical information is furnished in terminology that must be decoded. In order for its usefulness to be fully appreciated by those persons responsible for other aspects of the habilitation process, medical information should be interpreted in the individual's case records in terms of how it may affect his vocational, social or interpersonal life.

For instance, this information should include a statement of any adverse side effects of prescriptive drugs, or any physical abnormality that might affect potential programs or vocational activity. In addition, medical services should be rendered directly through a face-to-face contact between the offender and the physician, and indirectly through contact between the physician and other persons working with the residents. As mentioned by the Joint Commission, "The program should be designed to maintain an environment that recognizes and meets health, hygiene, sanitary and nutritional needs of the residents."

In addition to the Joint Commission's Standards, LEAA (Brecher, 1975) has prepared a prescriptive package for the delivery of health services in

correctional settings which should be consulted for further information in this area.

4. *Speech pathology, audiology and language development.* It is not uncommon for retarded individuals to be afflicted with speech or audiological impediments which, together with their limited intellectual abilities, affects their understanding and use of language. No well-designed habilitation program is without the services of a speech pathologist or audiologist usually assisted by para-professionals. In order to maximize the offender's communication skills, the habilitation program must provide evaluation, counseling and treatment to those offenders with speech, hearing and/or language handicaps. As with other support services, the general habilitative environment should facilitate the speech, audiological and language treatment objectives. Once the evaluation of the individual's speech and audiological difficulties has been made, the treatment should be interpreted to other members of the staff to enlist their support. For example, if the individual needs assistance in use of a hearing aid, or improvement in articulation, voice, rhythm and language, all staff members who have contact with him should participate in the treatment program. Here again the Joint Commission on Accreditation of Hospitals gives a detailed comprehensive and practical description of the needs and procedures in determining and administering these services.

5. *Physical and occupational therapy.* Improvement of physical functioning should be an important objective of a program of habilitation for retarded individuals. It should provide some measure of occupational therapy in conjunction with the regular program which should be available on a continuing, as-needed basis. As with other medically-oriented services, the relationship established here should be based on a direct contact between the retarded offender and a certified therapist, and should include the proper screening and evaluation process followed by a treatment program which is familiar to all the staff members and enlists their aid. See the Joint Commission on Accreditation of Hospitals for a detailed description of standards and procedures to be used here.

G. Schedule of Daily Activities

It should be understood that the schedule of daily activities, provided below, is not a rigid blueprint. This schedule should take into account the individual needs of the retarded offender as well as those of the group, and can be successfully implemented only when optional alternatives are maintained. Central

to the activities is the development of the individual's social, vocational and daily living skills. All other program components and services are supportive of these objectives. Collectively they make it possible for the retarded offender to function more independently.

It is as important for the offender to appreciate the relationship between segments of activities and the general over-all objectives of the habilitation program as it is for each staff member whether their orientation is in security or rehabilitation. The daily routine should approximate a routine similar to that in "everyday living," keeping in mind that in a therapeutic milieu, the impetus of the structured program should not be lost during evenings, weekends or holidays.

From 8 a.m. to 5 p.m. on Mondays through Fridays, the primary activity should be workshop or occupationally-oriented programming with time allowed for the pre-vocational and cognitive training, and medical services and health-related services, such as speech and physical therapy.

In the same way those activities related to teaching skills in daily living, and knowledge of community resources can also be accomplished during the day. Individual and group therapy can be provided in the evening, along with leisure-time activities. It would be counter-productive to the central theme of the program to provide these during working hours inasmuch as they are usually not part of anyone's work day. Discussions concerning current events, human sexuality and civil and legal rights can also be offered evenings or weekends. However, for the most part Saturdays and Sundays should remain flexible, and the offenders themselves should be able to engage in planning group or individual activity during these hours. The tendency in developing new programs is either to over- or under-organize the time. Both create problems and are counter-productive. In considering the former, programmers should be cognizant that respite and time-to-onself are essential.

H. Residential Units

Reference has been made to the fact that a well-designed flexible system of habilitative services can meet the needs of most retarded offenders regardless of the degree of security he needs. It is important, however, to differentiate between the various types of settings and to discuss their nature and purpose.

Any system of services to the retarded offender must include a series of progressively less restrictive, more independent living facilities designed to meet the individual's security needs and to condition and

prepare him for less controlled residency and eventual independent living. It has been established that retarded offenders by and large should be housed apart from offenders of borderline or normal intelligence. Furthermore, it has been established that minimum security does not necessarily have to be a part of the prison complex. In fact, it is more desirable that it not be a part of the prison complex. With proper supervision most offenders can be housed in small facilities or dormitory type facilities located away from the prison compound. To facilitate the individual's movement towards residential independence, it is important that the system of living facilities include a variety of independent and semi-independent models to include single- and multi-residential houses, apartments, communal living situations, and adult foster care. A booklet by Miles Santamour (1975) entitled *People Live in Houses*, published by the President's Committee on Mental Retardation, described a variety of these residential alternatives appropriate for retarded adults. The Northern Virginia Association for Retarded Citizens has also published a valuable comprehensive guidebook entitled *Community Residential Options* which provides the step-by-step process of developing and operating group facilities. Both books discuss staffing and budgeting procedures, and suggest possible financial resources.

The key to the success of the system of services, whether they are provided in the prison or in the community, is that they be under the direction of one agency. Experience has taught us that it is unrealistic to expect the same degree of involvement in the rehabilitation of the individual when responsibility is transferred from state department to state department or from individual to individual.

The key to reducing the rate of recidivism for the retarded individual is in providing prolonged support and guidance in programs, such as the Massachusetts Parole Board Community Assistance Program (MASSCAP). This is a system which utilizes citizen advocates who function in a "friendly big brother" counselor type role. To improve upon the MASSCAP concept it might be more effective to assign advocates shortly after incarceration and expect the advocate to remain with the individual throughout his need for help. In the field of retardation, this service is known as citizen advocacy. A further description of the role and responsibilities can be found by reading the National Association for Retarded Citizens' series of booklets on the subject (NARC, 1974).

I. Staffing

The success or failure of any program, which has as its objectives a change in human behavior, is dependent more upon the personalities of the staff and the quality of the relationship between the changer and those to be changed than upon numbers of staff members or the condition or location of a facility. It is important that the staff accept deviant behavior in general and believe in the person's ability to change.

This is not to suggest that handicaps, such as overcrowding, understaffing and shortage of program equipment, do not affect the outcome of the program. However, too often these factors become excuses for professional incompetency, laziness and a preoccupation with one's own career development. The human service field is constantly exposed to the threat of degenerating from a client-oriented system of services to a vehicle for professionals to build careers. It can also be exploited by bureaucrats, politicians and social do-gooders for their own purposes. Witness the social activities and methods used in fund raising. Fund raising "come see" tours are often conducted at the expense and humiliation of the client, interrupting program procedures and destroying dignity and confidentiality. Bureaucracies and public agencies are top heavy with highly paid administrators, supervisors and middle management personnel. Emphasis placed upon the career development of the employee and the rights and privileges of staff quite often overshadow the needs of the individual who is to receive the services. For example, a group of teachers in an institution in New England shortened time spent in the classroom from 35 hours to 18 hours a week on the basis that they needed time for class preparation, two-hour lunch periods and time to attend graduate and post-graduate courses. Common to all services to individuals in institutions is the problem of getting personnel to provide services on weekends and evenings. Schedules have to be adjusted to meet the needs of the staff. The resident often views himself as "low man on the totem pole" within the social system. This cannot help but become an impediment to the development of the retarded person's feeling of worth.

The attitude that the staff must create for the retarded offender is that he is a worthwhile individual, but that some of his behavior cannot be tolerated. It must be stressed that together the professional staff and the offender can work this situation out.

We are reluctant to suggest a description of the staff, the qualifications they should possess, or their

numbers. Obviously people administering psychological and educational screening should be qualified psychometricians or be under the supervision of someone who is qualified. Individuals who teach or who do group or individual counseling should also have the necessary credentials for classroom instructions or clinical work. Supportive courses in the program, such as activities of daily living, i.e., budget preparation, human sexuality and current events, can be taught by any creative staff member by utilizing the materials referenced in the various sections. It is expected that the professionals and the para-professionals would all be involved in training or leading group discussions. Speech and language development requires the prescriptive abilities of an individual certified in this area, but the treatment can be carried out by assistants. The director should have a good sense of analytical program planning and budgeting, and should be familiar with the correctional system. He should be especially appreciative of retardation services and know how to organize his staff into a client-oriented goal-objective team. Among the group of staff members there must be people knowledgeable in the nature of retardation and the developmental approach, and persons familiar with the techniques and methods utilized to facilitate this development.

Sheltered workshops should be staffed with individuals who understand light industry and are familiar with procurement, sub-contracting assembly line production, tool operations, and licensing procedures. If these individuals possess a real concern for that they are doing, a few short weeks of experience in a well-run sheltered workshop will give them the experience needed.

The staffing of group homes and community facilities, together with providing mentors or advocates, is well discussed in the manual on group homes compiled by the Northern Virginia Association for Retarded Citizens.

A suggested staff ratio in any group situation, be it classroom, workshop, living or recreation area, should be held at 1 to 8, as indicated earlier. The individual's security needs, however, will affect this ratio. Some situations will require a one-to-one relationship. The strongest technique for changing behavior is a natural identification with someone you respect, otherwise known as role-modeling. It is important, in order to make full use of this natural process of identification, that each offender spend some hours each week individually with a staff member or volunteer.

1. *Selecting staff.* As mentioned in the preceding

section, the most important qualities that any potential staff member should possess is an acceptance of the individual regardless of the nature of his deviancy and a conviction that he can change. The professional staff as a whole can be made up of generalists in the field of human services, but some individuals should possess a special background in corrections and retardation. The professional staff as a whole has to possess clinical, and counseling skills, classroom teaching skills, administrative and budgeting skills, psychometrical skills and others. We realize that we are not being specific with regard to degrees or credentials, but we recognize that the "best qualified" are not necessarily the most effective individuals.

2. *Staff training program.* The tendency in corrections is to separate security from habilitation. As a result, security personnel quite often fail to appreciate what the nature and purpose of rehabilitation is and those individuals involved in rehabilitation are limited in their understanding of security needs. The problem is related to the fact that two different staffs are in operation within this process and neither one is fully aware or sensitive to the problems and techniques of the other. Correctional rehabilitation in general is adversely affected by the fact that some correctional staff members do not consider themselves a part of the rehabilitation process and are limited in their understanding of the nature of criminal behavior. Recently junior colleges and some universities have developed courses in liberal arts for correctional personnel, providing associate or bachelor of arts degrees. However, the curricula of most of these programs fall short in teaching human growth and the developmental process and in relating behavior to the social structure. These programs fail also to examine in any depth the content of what's involved in an individual being able to exercise his human and constitutional rights regardless of his situation. Seldom do they comprehensively review and interrelate the highly specialized professions to the overall objective of correctional habilitation.

If the habilitation of the retarded offender is to be maximized, both staffs (security and habilitation) must see themselves as a single team working in support of each other's role and towards the objectives of the program. Both staffs play an important role in the creation of a habilitative atmosphere, and the correctional officer to an even greater extent, because the prisoner spends close to 168 hours of his week under his supervision as compared to 40 hours with the habilitative staff.

It is not suggested that it is necessary for the staff responsible for working with the retarded offender to have college education or training but only that a well-developed comprehensive on-going in-service training program be in effect for all staff members. This program should be supplemented by the requirement that all staff members attend staff meetings where the individual offenders' needs are discussed and evaluated and where treatment is outlined. Such sessions are an educational process in themselves. Formal in-service training programs should include introductory courses on the nature of retardation, criminal behavior, and corrections. An annotated bibliography by Santamour and West (1976) can provide the necessary reference materials to be used for courses in retardation and corrections. Courses which are essential include introductions to the variety of professional disciplines and how they are interrelated. These courses should be supplemented by courses in human growth and development, normal and abnormal psychology, the structure of society's institutions and its various cultural and "subcultural" groups. Careful examination of the difference between mental health, retardation and other debilitating conditions should be made. Courses geared toward the development of and understanding and appreciation of the total criminal justice process are also important elements in the curriculum for correctional personnel as are the specifics related to the administration and particular roles that the individual staff member is expected to perform. This training process is a protracted process continuing throughout the individual's period of employment. An important consideration in the diverse curricula suggested above is that it provides one method of breaking down the rigid division of labor which exists within the correctional milieu.

J. Maintenance of Records

The primary purpose of a record on the individual retarded offender is that it provides adequate information for the planning and continuous evaluation of the individual's habilitative program. In addition, as the Joint Commission notes, records are a means of communication between staff members, furnish documentary evidence of the offender's progress, and serve as a basis for review, study and evaluation of the correctional facility's overall program. Records provide data for research and education. They should contain pertinent biographic information, including a social history and personal statistics.

Information relative to the retarded offender's criminal behavior, together with health information and educational and vocational history, psychological, intellectual, cognitive, vocational and developmental screening results should also be summarized. A regular periodic review and evaluation of the client's progress should be made and the status of each resident should be recorded and up-dated on at least a semi-annual basis.

All records should be authenticated by a signature and identification of the individual making the entry. Records should be kept in a central location readily accessible to authorized personnel. However, the confidentiality of the information should be respected and records should be secured from the use of unauthorized personnel.

For a more detailed account of the specifics which should be included in a functional case record cite: Joint Commission on Accreditation of Hospital's *Standards for Residential Facilities for the Mentally Retarded*.

CHAPTER VI. SUMMARY

In response to the need — and increasing concern — of state and local correctional administrators for direction, the American Correctional Association has prepared this guidebook of "prescriptive programs" for retarded offenders. Its purpose is to offer a system of services that are specific for retarded offenders in correctional systems. It looks to the return of the retarded offender to the community as an independent, adjusted and law-abiding citizen.

This prescriptive package is based upon a critical review of research, site visits to existing programs for retarded offenders, interviews with retarded offenders and staffs of correctional and retardation facilities, and the recommendations of professionals in both fields. A review of recent studies and existing programs suggests that in addition to limited resources there exists a lack of understanding by many of the numbers and needs of the retarded offender. This is true whether he is in a correctional or other institutional setting, such as residential facilities for retarded or hospital for the mentally ill. As a result, there is a general overall lack of means for appropriate treatment.

An effort to estimate the numbers of retarded offenders in institutions indicates that 9.5 percent of prison populations consist of retarded persons and 5 percent of those in retardation facilities are retarded offenders.

From their research the authors conclude these points:

- The distinction between mental retardation and mental illness is rarely recognized and, for the most part, confused.
- Retarded persons have a greater capability to become independent and responsible than society has been willing to concede and accept.
- Retarded persons generally respond well to support and treatment.
- Prolonged assistance and guidance is required for retarded persons.
- Great heterogeneity, and hence differences in need, exist in groups of retarded persons.
- Labeling can be beneficial as well as ad-

verse. Nonetheless it is necessary in programming. It must be accompanied by due process and functional diagnosis.

- For the retarded offender the motivation for criminal behavior generally stems from the same sources as those for the normal offender. The difference is qualitative in that the retarded offender lacks rationality for his action.
- Police officers and other criminal justice personnel are not presently trained to handle the special problems and needs of the retarded offender.
- The operation of the criminal justice system, as such, results in gross violations of the retarded offender's legal rights.
- Whether or not a retarded or other person has committed the crime charged against him is a determination that should be made as soon as possible. Matters of the degree of culpability and extent of punishment should be considered at the time of sentencing.
- The indeterminate sentence for retarded offenders may have merit if due process and periodic court review are responsibly executed, in view of the fact that retarded offenders, being slow to learn, require prolonged commitment to programs specifically designed to facilitate their habilitation.
- The courts uphold the right to treatment for an individual involuntarily committed to a public institution; analogously this should apply to the retarded offender.
- Classification schemes presently in use are not effective in identifying retarded offenders or in routing them to appropriate programming.
- Prisons create their own societies which are separate and apart from society at large. Retarded offenders experience the pervasive impact of this prison culture more deeply and the separation even more acutely than others.
- Although retarded persons have much to gain from association with non-retarded per-

sons in society, they do not have the benefit of it in most prison environments.

- The needs of retarded offenders in prison differ from those of normal offenders in that they require habilitation rather than rehabilitation.
- Administrators of both retardation and correctional facilities are unable for a variety of reasons to cope with or plan for the retarded offender.
- The special vocational classes provided in most prisons are not appropriate for the needs of retarded offenders. The programs are designed primarily for individuals with other "learning disabilities."
- The retarded offender is more easily victimized in prison than the non-retarded and, in turn, is aggressive in victimizing the retarded non-offender in facilities for retarded persons.
- The retarded person, being slow to grasp prison routines and codes of behavior, becomes involved in numerous infractions of rules and accordingly fails to meet criteria for parole.
- Lacking intensity and continuity and having only limited availability, regular probation and parole systems are inadequate in meeting the needs of retarded offenders.

Retardation is defined clinically as indicated in scores of 70 and below in standardized I.Q. tests and adaptive behavior that is significantly lower than that of others in the retarded person's age and culture group. This definition has little practical value, however, for developing appropriate means for treating retarded offenders. It has become necessary to have a functional conception based on a greater understanding of individual needs. In the definition presented in Chapter Four retardation is viewed as a lag in normal growth and developmental processes that is adversely affected by the surrounding environment.

This lag in the normal growth process results in the prolonged dependency of the retarded individual upon others and a delayed development of physical, social and cognitive, vocational and residential skills. Attaining mastery over these skills facilitates the greater independence of individuals which makes the retarded offender a more acceptable person and should constitute the basis of any program.

Criminality is defined as behavior that is judged, after due process, as being in opposition to established legal codes. The factors involved in criminal behavior fall into five classifications that are

applicable to the criminal behavior or retarded persons. They are:

- 1) A misunderstanding of how to use institutions in society to attain desired goals in a legally sanctioned fashion,
- 2) A lashing out against society in frustration that stems from one's own limitations or feelings of rejection,
- 3) Mental illness causing irrationality of a criminal nature,
- 4) Socio-pathology or criminal behavior based upon a calculated disregard for other people's rights,
- 5) Naivete or an inability to appreciate the consequences of one's behavior.

For the retarded person, three of these factors are most often the basis of his criminal behavior. These are a misunderstanding of how to use social institutions to attain desired goals, a striking out in frustration, and naivete—all of which relate directly to his retardation.

To develop a program for the retarded individual only to modify criminal behavior is to do very little for him or, in the long run, for society. In working up habilitative programs for this group of individuals, criminal justice personnel must be aware of meeting two problems—retardation and criminal behavior. There is little benefit to the individual or society to attempt to handle one problem or the other without addressing both. It is necessary to develop programs for the retarded offender which evolve out of an understanding of the problem of retardation, i.e., dependency. Likewise, programmers must take into account the sources/factors of criminal behavior for the retarded offender. It is important therefore to attribute appropriate significance to both retardation and behavior and provide for individual evaluation and programming within a setting geared to the security needs of the individual.

The prescriptive package itself (Chapter Five) provides the goals, objectives and strategies of the program, the procedures involved in the implementation of the program and the program components. As stated earlier, the goal of this prescriptive package is to develop and implement a system of services specifically designed to meet the needs of the retarded offender within the correctional setting. Such a prescriptive program will provide the courts with viable alternatives in treating the retarded

offender. It will reduce the problems of administrators charged with the custody of the retarded offender and it will provide individualized programs for the retarded offender based on an assessment of his developmental needs and the source of his criminal behavior. A further objective includes the development of a system of supportive services to facilitate re-entry of the individual into society and provide training for correctional and parole officers in working with retarded offenders in achieving this objective.

Chapter Five contains certain strategies which include the use of a system of "special services" provided apart from programs for intellectually normal inmates. This program should accommodate no more than 100 retarded inmates with staff/inmate ratios of between 1 to 8 and 1 to 10. Here it is suggested that courses aimed at the development of skills necessary for independent living be provided and that techniques and methods aimed at behavioral change be implemented. In order to facilitate the development of the retarded offender, training courses for staff should be implemented.

The content of the program should be applicable to all retarded offenders but it is imperative that the individual needs of the offender be assessed and emphasis be appropriately placed to meet the special needs of the particular offender. Shortly after introduction to the correctional system, the process of identification begins occurring in a series of stages—beginning with group testing of all offenders and providing individualized I.Q. testing for individuals suspected of being retarded. After individualized I.Q. testing, it is important to classify retarded offenders into one of three groups:

- 1) Individuals whose behavior has been classified as aggressive and anti-authoritarian, demanding initial placement in a medium secure facility.
- 2) Those whose behavior has been classified as non-aggressive, allowing placement in a minimum secure setting.
- 3) Others whose behavior is linked to mental illness, demanding placement in a psychiatric or forensic unit.

After classification and placement, further evaluation should be conducted to assess the level of functioning and developmental needs of the offender.

The program itself includes many components, but

it must be emphasized that vocational evaluation and training are at the core as imperative to the attainment of personal independence and adjustment in society. The process of achieving competitive job placement begins with intensive pre-vocational evaluation and training, and continues through temporary placement in a variety of settings within a sheltered workshop to ascertain the individual's abilities and needs. Eventually it then becomes possible to place most retarded offenders in competitive employment.

The development of many other skills is likewise important, including physical, social, cognitive and daily living skills. Therefore courses must be included which provide training in such areas as budget and money management, food preparation, grooming, laundering, housekeeping, human sexuality, marriage and the family, drug and alcohol education, current events, civil and legal rights of the retarded offender and community resources. Because of the developmental needs of the retarded offender, the courses cited above are essential to the attainment of eventual independence and successful placement in the community. They are part of the foundation upon which vocational skills are based. To implement a program without such courses would be to build a house upon sand.

Having outlined the program and proposed a process for implementing it, it is in order that several comments be made in concluding this paper. The problem of the retarded offender is real and the usual approach to this category of offender through what is known in the field as "general warehousing" is highly ineffective. Attempts to segregate and create specialized programs have not been oriented to the needs of the retarded person whose problem first and foremost is a lag in the development of basic skills necessary for independent living. In order to implement a developmental program, it is important to individually assess levels of intellectual functioning and the sources of criminal behavior and thus to plan for the retarded offender on the basis of this knowledge. Staff members facilitate the development of the offender's independence and adjustment in society, if they are sensitive to the real nature of retardation and criminal behavior and remain fully cognizant of the human potential for change and growth.

BIBLIOGRAPHY

- Agosti, Vito. "Group Counseling with Mentally Retarded Adults." *Special Children* (March 1976).
- Allen, Richard. "Law and the Mentally Retarded." *Psychiatric Approaches to Mental Retardation*. Edited by Frank Menolascino. New York: Basic Books, 1971.
- . "Legal Norms and Practices Affecting the Mentally Deficient." *American Journal of Orthopsychiatry* 38:4 (1968): 635-42.
- . *Legal Rights of the Disabled and Disadvantaged*. U.S. Department of Health, Education and Welfare; Social and Rehabilitation Services. Washington: Government Printing Office, 1969. S/N O-360-797.
- . "Legal Rights of the Institutionalized Retardate: Equal Justice for the Unequal." *Mental Retardation*, Vol. 7:6 (December 1969): 2-5.
- . "The Retarded Offender: Unrecognized in Court and Untreated in Prison." *Federal Probation* 32:3 (September 1968).
- . "Towards an Exceptional Offenders Court." *Mental Retardation* 4:1 (February 1966).
- Allen, Richard; Ferster, Elyse; and Rubin, Jesse. *Readings in Law and Psychiatry*. Baltimore: Johns Hopkins Press, 1968.
- Allen, Richard; Ferster, Elyse; and Weilloffer, Henry. *Mental Impairments and Legal Incompetency*. Englewood Cliffs, N.J.: Prentice-Hall, 1968.
- Anastasi, Ann. *Psychological Testing*. 2d ed. New York: Macmillan Co., 1961.
- American Correctional Association. *Directory of Juvenile and Adult Correctional Institutions and Agencies in the United States and Canada*. 1975-76 Edition. College Park, Md.: American Correctional Association.
- . *Manual of Correctional Standards*. 3d ed. Washington: The American Correctional Association, 1966.
- Staff of The American University Hotline. *Ups and Downs of Drug Use*. Washington: American University, Spring 1973.
- Atlanta Association for Retarded Citizens. *A Study of Georgia's Criminal Justice System as it Relates to the Mentally Retarded*. Atlanta: 1975.
- Bakeman, Vincent. Presentation to the American Association on Mental Deficiency Annual Conference on the Criminal Justice System and the Retarded Citizen, Chicago, 1976.
- Barnett, Charles. "The Mentally Retarded Offender in the Criminal Justice System." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1971.
- . *South Carolina Department for Mental Retardation Annual Report, 1970-71*. Columbia, S.C.: Department of Corrections, 1971.
- Baumeister, Alfred, ed. *Mental Retardation: Appraisal, Education, Rehabilitation*. Chicago: Aldine Publishing Company, 1967.
- Beermann, Louis. "Professional Short Term Training as an Approach to Intervention." *Rehabilitation and the Retarded Offender*. Edited by Philip Browning. Springfield, Ill.: Charles C. Thomas, 1976.
- Bickels, Douglas. "Advocacy for a Nonexceptional Approach." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. 1976 (manuscript).
- "Big Change in Prisons: Punishment—Not Reform." *U.S. News and World Report*, August 1975, pp. 21-25.
- Brelje, Terry. "The Mentally Retarded Offender in Prison." *Rehabilitation and the Retarded Offender*. Edited by Philip Browning. Springfield, Ill.: Charles Thomas, Publisher, 1976.
- Brecher, E. *Health Care in Correctional Institutions*. U.S. Department of Justice, LEAA. Washington: 1975.
- Brown, Bertram S., and Courtless, Thomas F. "Fantasy and Force: A Study of the Dynamics of the Mentally Retarded Offender." *Journal of Criminal Law, Criminology, and Police Science* 61:1 (1970): 71-77.
- . *The Mentally Retarded and the Law*. Report issued by the National Law Center, Washington, D.C., 1965.
- . "The Mentally Retarded Offender." *Readings in Law and Psychiatry*. Edited by Richard Allen, Elyse Ferster, and Jesse Rubin. Baltimore: Johns Hopkins University Press, 1968.
- . *The Mentally Retarded Offender*. National Institute of Mental Health, Center for Studies of Crime and Delinquency. Washington: Government Printing Office, 1971. DHEW Publications Number (HSM) 72-90-39.
- Browning, Philip, ed. *Rehabilitation and the Retarded Offender*. Springfield, Ill.: Charles C. Thomas, 1976.
- Browning, P.L., and Heber, R. *Mental Retardation: Rehabilitation and Counseling*. Springfield, Ill.: Charles C. Thomas, Publisher, 1974.
- Burgdorf, Robert, Jr. "The Legal Rights of the Mentally Retarded Offender: Some Underlying Issues." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- California Association for the Retarded. "The Criminal Responsibility of the Mentally Retarded in California." *The Challenger* 6:1 (December 1971).
- Chambliss, William, and Seidman, Robert. *Law, Order and Power*. Reading, Mass.: Addison-Wesley Publishing Co., Inc., 1971.
- Cheatham, Myrtle and Schwartz, Vickie. *The Mentally Retarded Offender in Missouri*. Missouri Association for Retarded Citizens, 1976.
- Clark, Martha. "The Relation of Imbecility to Pauperism and Crime." *Arena* 10 (November 1894).
- Davis, Nancy. "Alternatives to Institutions for Retarded Delinquents." *The Mentally Retarded Citizen and the Criminal*

- Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Davis, Norm. "A Generic Approach to a Specific Problem." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Dennis, Floyd. "A Research Perspective: Mental Retardation and Corrections." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Doll, E. A. "Trends and Problems in the Education of Mental Retardation, 1800-1940." *Historical Review of Mental Retardation, 1800-1965*. 88th Annual Meeting of the American Association on Mental Deficiency, Miami Beach, Florida, 1965.
- Edgerton, Robert B. *The Cloak of Competence: Stigma in the Lives of the Mentally Retarded*. Berkeley: University of California Press, 1967.
- Ehlers, W.; Krishef, Curtis; and Prothero, J. *An Introduction to Mental Retardation: A Programmed Text*. Columbus, O.: Charles E. Merrill Publishing Company, 1973.
- Fanning, John. *Stanton Correctional Center: Mental Retardation Component Concept Paper*. Norfolk, Va.: 1976.
- . *Common Sense Approach to Community Living Arrangements for the Mentally Retarded*. Springfield, Ill.: Charles C. Thomas, 1975.
- . *A Curriculum for Human Sexuality Education and Training*. Mental Health Services of the Roanoke Valley, Roanoke, Virginia, 1976.
- Farber, B. *Mental Retardation: Its Social Context and Social Consequences*. Boston: Houghton Mifflin Co., 1968.
- Fernald, W.E. "The Imbecile with Criminal Instincts." *American Journal of Insanity* 65 (April 1909).
- Florida, State of, Division of Retardation. *Retarded Offender Working Papers*. Edited by James Cleary. 1976.
- . *Memoranda with Reference to the Sexual Behavior of Clients*. Prepared by Francis P. Kelley, and the Division of Retardation's Family Life Development Task Force, 1975.
- Fox, Sanford J. "Criminal Justice Reform and the Mentally Retarded Citizen." *The Law and the Mentally Retarded Citizen*. Edited by M. Kindred, J. Cohen, D. Penrod and T. Shaffer. New York: The Free Press, 1976.
- Friel, Charles. "The Mentally Retarded Offender." [Texas CAMIO Research Project.] *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Gafni, M., and Welsh, B.B. "Post Conviction Problems and the Defective Delinquent." *Villanova Law Review* 12 (1967): 545-602.
- Gettinger, Steve. "U.S. Prison Population Hits All-Time High." *Corrections Magazine*, March 1976: 9-20.
- Goddard, H.H. *Feeble-mindedness*. New York: The McMillan Company, 1916.
- Goffman, Erving. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Anchor Books, Doubleday, 1961.
- Gordon, David M. "Capitalism, Class and Crime in America." *Crime and Delinquency*, April 1973.
- Grossman, H.J., ed. *Manual on Terminology and Classification in Mental Retardation*. American Association on Mental Deficiency, Special Publication #9. Washington, D.C., 1973.
- Haggardy, D.E.; Kane, L.A.; and Udall, D.K. "An Essay on the Legal Rights of the Mentally Retarded." *The Family Law Quarterly* 6 (1972): 59-71.
- Hale, Peter. "The Grubstake Program: Shifting the Decimal Point." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Haskins, J. "The Mentally Retarded Offender." Institute of Contemporary Corrections, Sam Houston State University. Summary of the Project CAMIO. Unpublished paper.
- Haskins, J., and Friel, C. *Project CAMIO: The Delinquent in a State Residential Facility for the Mentally Retarded*. Vol. VI. Huntsville, Tex.: Sam Houston State University, 1973.
- Haskins, J., and Friel, C. *Project CAMIO: THE Mentally Retarded in an Adult Correctional Institution*. Vol. IV. Huntsville, Tex.: Sam Houston State University, 1973.
- Haskins, J., and Friel, C. *Project CAMIO: The Mentally Retarded in a Juvenile Correctional Institute*. Vol. V. Huntsville, Tex.: Sam Houston State University, 1973.
- Haskins, J., and Friel, C. *Project CAMIO: Strategy for the Care and Treatment of the Mentally Retarded*. Vol. I. Huntsville, Tex.: Sam Houston State University, 1973.
- Haskins, J., and Friel, C. *Project CAMIO: Theories of Criminality and Mental Retardation*. Vol. II. Huntsville, Tex.: Sam Houston State University, 1973.
- Haskins, J., and Friel, C. *Project CAMIO: The Mentally Retarded and the Juvenile Court*. Vol. VII. Huntsville, Tex.: Sam Houston State University, 1973.
- Haskins, J., and Friel, C. *Project CAMIO: The Mentally Retarded and the Law Project*. Vol. III. Huntsville, Tex.: Sam Houston State University, 1973.
- Haskins, J., and Friel, C. *Project CAMIO: A National Survey of the Diagnosis and Treatment of the Mentally Retarded Offenders in Correctional Institutions*. Vol. VIII. Huntsville, Tex.: Sam Houston State University, 1973.
- Haywood, R. Carl. "Reaction Comments." *The Mentally Retarded Citizen and the Law*. Edited by M. Kindred, J. Cohen, D. Penrod, and T. Shaffer. New York: The Free Press, 1976.
- Hensley, Duane. "Putting it all Together." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Hickman, Franklin J. "An Analysis of Procedures and Statistical Data for Retarded Children Accused of Delinquent Acts and Involved in Proceedings in the Philadelphia Juvenile Court." Unpublished paper, October 1972.
- Hunter, Elizabeth Craig. "Special Treatment Program for Adult Mentally Retarded Offenders in the South Carolina Department of Corrections." *The Mentally Retarded Citizen and the Criminal Justice System*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Illinois, State of, Correctional Services for the Developmentally Disabled. *The Developmentally Disabled Offender in the Illinois Justice System*. Chicago, Ill.: June 1975.
- Joint Commission on the Accreditation of Hospitals. *Standards for Residential Facilities for the Mentally Retarded*. Chicago, Ill.
- Jenkins, R.L. "The Geographical Distribution of Mental Deficiency in the Chicago Area." *Journal of Psychoasthenics* 40 (1935): 291-307.
- Kapp, Marshall. "Legal Disposition of the Mildly Retarded Offender: A Vote for Segregation and Special Treatment." Unpublished paper, Spring 1973.
- Kentucky, State of, Legislative Research Commission. *Mentally*

- Retarded Offenders in Adult and Juvenile Correctional Institutions*. Research Report #125. Frankfort, Kentucky, October 1975.
- Kindred, M.; Cohen, J.; Penrod, D.; and Shaffer, T. *The Mentally Retarded Citizen and the Law*. New York: The Free Press, 1976.
- Kramer, Berton. "Legal Advocacy Programs for the Naive Offender." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Krause, Fred. "The Retarded Citizen and the Criminal Justice System." *The Mentally Retarded Citizen and the Criminal Justice System*. Edited by Miles Santamour. 1976 (Manuscript.)
- Kutz, N., and Lomastro, J. "Retardation and Criminal Justice." Massachusetts Community Assistance Program. Article prepared for National Institute of Law Enforcement and Criminal Justice under Grant #NI990029. 1976.
- Laboratory of Community Psychiatry, Harvard Medical School. Final Report: "Competency to Stand Trial and Mental Illness." One section in a monograph series: *Crime and Delinquency Issues*. National Institute of Mental Health, 1973.
- Lane, H.A., and Witty, P.A. "The Mental Ability of Delinquent Boys." *Journal of Juvenile Research* 19 (1935): 1-12.
- Leeke, William D. "Mentally Retarded Adult Offenders in the South Carolina Criminal Justice System." *The Mentally Retarded Citizen and the Criminal Justice System*. Edited by Miles Santamour. 1976. (Manuscript.)
- Leopold, Nathan. "What is Wrong with the Prison System?" *The Tasks of Penology*. Edited by H.S. Perlman and T.B. Allington. Lincoln, Neb.: University of Nebraska Press, 1969.
- Levy, R.S. "Dimensions of Mental Retardation among Wards of the Illinois Youth Commission." *The Journal of Correctional Education*, October 1967.
- Levy, Sol. "The Role of Mental Deficiency in the Causation of Criminal Behavior." *American Journal on Mental Deficiency* 58 (1953): 455-64.
- Lindman, F.T., and McIntire, D.M. *The Mentally Disabled and the Law*. Chicago: University of Chicago Press, 1961.
- Lomastro, James. "The Massachusetts Task Force." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. 1976 (Manuscript.)
- Lombroso, C. For a review of Lombroso's ideas, see M.E. Wolfgang, "Cesare Lombroso" in *Pioneers in Criminology*. Edited by H. Mannheim. Chicago: Quadrangle Books, 1960.
- Lottman, Michael. "Jumping on the Bandwagon." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Manne, S.H., and Rosenthal, D. "I.Q. and Age of First Commitment of Dangerous Offenders." *Correctional Psychologist* 4 (1971): 220-29.
- Marsh, R.; Friel, C.; and Eissler, V. "The Adult Mentally Retarded in the Criminal Justice System." *Mental Retardation* 13:2 (April 1975): 21-25.
- Maryland, State of, Department of Public Safety and Correctional Services. Research Division, Maryland Legislative Council. *An Indeterminate Sentence Law for Defective Delinquents*. Research Report Number 29. 1950.
- Maryland, State of, Department of Public Safety and Correctional Services. *Maryland's Defective Delinquent Statute: A Progress Report*. January 1973.
- Martinson, Robert. *The Effectiveness of Correctional Treatment*. New York: Praeger, 1975.
- . "What Works? Questions and Answers about Prison Reform." *The Public Interest* 35 (Spring 1974).
- McConochie, W.A. "Juvenile Delinquents: Relationships Between WISC Score, Offenses, Race, Chronological Age, and Residence." *Correctional Psychologists* 4 (1970): 103-10.
- McGary, et al. "Competency to Stand Trial and Mental Illness." *Crime and Delinquency*. National Institute of Mental Health, Center for Studies of Crime and Delinquency. 1973. (Manuscript.)
- McGee, R.A. "Our Sick Jails." *Federal Probation*, March 1971.
- Menninger, Karl, M.D. *The Crime of Punishment*. New York: The Viking Press, 1969.
- Menolascino, F. "The Mentally Retarded Offender." *Mental Retardation* 12 (February 1974): 7-11.
- . "System of Services for the Mentally Retarded Offender." *Crime and Delinquency* 21:1 (1975): 57-65.
- Mercer, Jane. *Labeling the Mentally Retarded*. Berkeley: University of California Press, 1973.
- Miller, C.J.; Mayer, D.; and Whitworth, W.E. "A Study of Mentally Retarded Juvenile Offenders in Corpus Christie, Texas." *Federal Probation* 37:2 (1973): 54-61.
- Miller, Robert. "Project INSTEP." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Miller, Thomas. "ENCORE's Specialized Residential Services." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Morgan, D.I. "Individual and Situational Factors Related to Prison Escape." *American Journal of Corrections* (March-April 1971): 30-32.
- Morris, J.V. "Special Pleas and Defenses in the Criminal Law and the Mentally Retarded Citizen." *The Law and the Mentally Retarded Citizen*. Edited by Kindred, Cohen, Penrod, and Shaffer. New York: The Free Press, 1976.
- Morris, Norval. *The Future of Imprisonment*. Chicago: The University of Chicago Press, 1974.
- Morrow, C. "A Legal Framework: An Insider's Perspective." *Rehabilitation and the Retarded Offender*. Edited by Philip Browning. Springfield, Ill.: C. C. Thomas, 1976.
- . "Pre-trial, Trial and Post-Trial Problems of the Retarded Offender." King County Legal Center for the Retarded, King County, Washington. Unpublished paper.
- Myers, Donald. "Supported Work for Mentally Retarded Parolees." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- National Association for Retarded Citizens. *Citizen Advocacy for Mentally Retarded Children: An Introduction*. Vol. 1. February 1974.
- . *Effective Advocacy*. Vol. 3. Arlington, Tex.: February 1974.
- . *Implementation of Citizen Advocacy Through State and Local ARC's*. Vol. 2. Arlington, Tex.: February 1974.
- . *The Right To Choose: Achieving Residential Alternatives in the Community*. Arlington, Tex.: October 1973.
- . *Planning and Organizing a Sheltered Workshop for Mentally Retarded Persons*. Washington: U.S. Government Printing Office, 1976.
- . *Youth as a Citizen Advocate*. Vol. 4. Arlington, Tex.:

February 1974.

- Northern Virginia Association for Retarded Citizens. *Developing and Operating Group Homes for the Developmentally Disabled of Virginia*. Falls Church, Virginia, 1975.
- Norton, L. Patrick. *A Study of Georgia's Criminal Justice System as it Relates to the Mentally Retarded*. Atlanta, Ga.: Atlanta Association for Retarded Citizens, 1975.
- . "Georgia's Criminal Justice System and the Mentally Retarded Offender." *The Mentally Retarded Citizen and the Criminal Justice System*. Edited by Miles Santamour. 1976. (Manuscript.)
- Pima County Adult Probation Department, Tucson, Arizona. *Special Service for Mentally Retarded Probationers*. Washington: U.S. Department of Justice, Law Enforcement Assistance Administration, August 1975.
- President's Committee on Mental Retardation. *Mental Retardation and the Law: A Report on the Status of Current Court Cases*. Washington: Department of Health, Education, and Welfare, 1975.
- . Legal Rights Work Group. *The Compendium of Law Suits Establishing the Legal Rights of Mentally Retarded Citizens*. Washington: Department of Health, Education, and Welfare, October 1974.
- President's Committee on Employment of the Handicapped. *A Guide to Establishing an Activity Center for Mentally Retarded Persons*. Washington: U.S. Government Printing Office, 1976.
- Perel, Israel. "The Developmentally Disabled Offender Program at Camarillo State Hospital." Paper presented at the 1976 National Meeting of the American Association on Mental Deficiency, Chicago, Illinois, 1976.
- President's Panel on Mental Retardation. *Report of the Task Force on Law*. Washington: Department of Health, Education and Welfare, 1967.
- Prettyman. "The Indeterminate Sentence and the Right to Treatment." *American Criminal Law Review* 11 (1972): 18-21.
- Report of the Task Force on the Mentally Retarded Citizen and the Criminal Justice Process*. Paul Chernoff, Chairperson. Massachusetts Board of Parole, 1974.
- Roskos, Frank. *Preparing for the World of Work: A Worktext*. Merrill, Wisc.: R.F. Publications, 1975.
- Rowan, Beverly. "The Mentally Retarded Citizen and Correctional Institutions." *The Retarded Citizen and the Law*. Edited by M. Kindred, J. Cohen, D. Penrod, and T. Shaffer. New York: The Free Press, 1976.
- Santamour, Miles. *Format and Essays: The Naive Offender*. New England Seminar on Retarded Youth and the Law Enforcement Process, Salve Regina College, Newport, Rhode Island, August 18-20, 1971.
- . *The Naive Offender: Report of the New England Seminar on Retarded Youth and the Law Enforcement Process*. New England Seminar on Retarded Youth and the Law Enforcement Process, President's Committee on Mental Retardation, Washington, D.C.
- . *People Live in Houses*. President's Committee on Mental Retardation, Department of Health, Education, and Welfare, Number (OHD) 75-21006. Washington: U.S. Government Printing Office, 1975.
- . ed. *The Retarded Citizen and the Criminal Justice System: Problems and Programs*. Newport, R.I.: James L. Maher Center, 1976.
- Santamour, M. and Ross, K. Unpublished paper—presented at Region X AAMD Meeting, Portland, Maine 1969.
- Santamour, M. and West, Bernadette. "The Retarded Offender: Problems, Programs and Prescriptions." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Santamour, M. and West, Bernadette. *Retardation, Corrections, and Retarded Offenders, An Annotated Bibliography*. Contact, Lincoln, Neb. 1977.
- Sargent, Kenneth. "Developing a College Course." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Schachte, Stephen. "Dealing with Mentally Retarded Offenders in South Carolina." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Schur, D. *Our Criminal Society*. Englewood Cliffs, N.J.: Prentice Hall, 1969.
- Schwartz, Eugene P. *Service to the Mentally Retarded Offenders: Manual for Instructors*. University of Missouri, Extension Division, Administration of Justice Program. St. Louis, Missouri, 1973.
- Schwartz, Herman. "Reaction Comments." In response to Beverly Rowan's paper. *The Mentally Retarded Citizen and the Law*. Edited by M. Kindred, J. Cohen, D. Penrod, and T. Shaffer. New York: The Free Press, 1976.
- Shah, Saleem. "The Mentally Retarded Offender: A Consideration of Some Aspects of the Criminal Justice Process." *Readings in Law and Psychiatry*. Edited by Richard Allen. Baltimore: Johns Hopkins Press, 1968.
- South Carolina, Department of Corrections. *The Mentally Retarded Adult Offender: A Study of the Problem of Mental Retardation in the South Carolina Department of Corrections*. Columbia, South Carolina, 1973.
- . *Mentally Retarded Adult Offenders in the South Carolina Criminal Justice System*. Columbia, South Carolina, 1974.
- South Carolina, Department of Mental Retardation. *File Y: 35-83. A Plan for the Youthful Mentally Retarded Offender*. Columbia, South Carolina, 1969.
- Sykes, Gresham. *The Society of Captives*. Princeton, N.J.: Princeton University Press, 1972.
- Sylvester, Barbara. "What It's All About: Interagency Cooperation." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Szasz, Thomas. *Law, Liberty and Psychiatry*. New York: MacMillan Publishing Company, Inc., 1963.
- . *Law, Liberty and Psychiatry*. New York: MacMillan Publishing Company, Inc., 1965.
- Tarjan, G.; Wright, S.W.; Eyman, R.K.; and Keeran, C.W. "Natural History of Mental Retardation: Some Aspects of Epidemiology." *American Journal of Mental Deficiency*, 77:4 (1973): 369-79.
- Tennessee, State of, Our House, Inc. "Proposed Program as an Alternative to Commitment for Delinquent and Dependent Mentally Retarded Children, Providing Residential Services, Compensatory Academic and Vocational Education Services and Services to Improve Social Competence in a Group Home and Community Setting." Unpublished paper, January 1975.

- Truxel, J.R. and Sabatino, D.A. "A Comparison of Good and Poorly Adjusted Institutional Offenders." *Correctional Psychologist* 5 (1972): 178-93.
- Tulchin, S.H. *Intelligence and Crime*. Chicago: University of Chicago Press, 1939.
- Wald, Patricia. "Advocacy for the Mentally Retarded Offender." *The Mentally Retarded Citizen and the Criminal Justice System: Problems and Programs*. Edited by Miles Santamour. Newport, R.I.: James L. Maher Center, 1976.
- Woffensberger, Wolf. "Vocational Preparation and Occupation." *Mental Retardation: Appraisal, Education, Rehabilitation*. Edited by A. Baumeister. Chicago: Aldine Publishing Company, 1971.
- Wolfgang, Marvin, ed. *Studies in Homicide*. New York: Harper and Row, 1967.
- Zeleny, L.D. "Feeble-mindedness in Criminal Conduct." *American Journal of Sociology* 139 (1933): 564-76.

PREScriptive PACKAGE: THE RETARDED OFFENDER AND CORRECTIONS

To help LEAA better evaluate the usefulness of Prescriptive Packages, the reader is requested to answer and return the following questions.

1. What is your general reaction to this Prescriptive Package?
☐ Excellent ☐ Above Average ☐ Average ☐ Poor ☐ Useless

2. Does this package represent best available knowledge and experience?
☐ No better single document available
☐ Excellent, but some changes required (please comment)
☐ Satisfactory, but changes required (please comment)
☐ Does not represent best knowledge or experience (please comment)

3. To what extent do you see the package as being useful in terms of:
(check one box on each line)

	Highly Useful	Of Some Use	Not Useful
Modifying existing projects	☐	☐	☐
Training personnel	☐	☐	☐
Administering on-going projects	☐	☐	☐
Providing new or important information	☐	☐	☐
Developing or implementing new projects	☐	☐	☐

4. To what specific use, if any, have you put or do you plan to put this particular package?

☐ Modifying existing projects	☐ Training personnel
☐ Administering on-going projects	☐ Developing or implementing new projects
☐ Others:	

5. In what ways, if any, could the package be improved: (please specify),
e.g. structure/organization; content/coverage; objectivity; writing style; other)

6. Do you feel that further training or technical assistance is needed and desired on this topic? If so, please specify needs.

7. In what other specific areas of the criminal justice system do you think a Prescriptive Package is most needed?

8. How did this package come to your attention? (check one or more)

☐ LEAA mailing of package	☐ Your organization's library
☐ Contact with LEAA staff	☐ National Criminal Justice Reference Service
☐ LEAA Newsletter	
☐ Other (please specify)	

(CUT ALONG THIS LINE)

9. Check ONE item below which best describes your affiliation with law enforcement or criminal justice. If the item checked has an asterisk (*), please also check the related level, i.e.

☐ Federal	☐ State	☐ County	☐ Local
☐ Headquarters, LEAA	☐ Police *		
☐ LEAA Regional Office	☐ Court *		
☐ State Planning Agency	☐ Correctional Agency *		
☐ Regional SPA Office	☐ Legislative Body *		
☐ College/University	☐ Other Government Agency *		
☐ Commercial/Industrial Firm	☐ Professional Association *		
☐ Citizen Group	☐ Crime Prevention Group *		

10. Your Name _____
Your Position _____
Organization or Agency _____
Address _____

Telephone Number _____ Area Code: _____ Number: _____
(fold here first)

U.S. DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
WASHINGTON, D.C. 20531

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

POSTAGE AND FEES PAID
U.S. DEPARTMENT OF JUSTICE
JUS-438



THIRD CLASS

Director
Office of Technology Transfer
National Institute of Law Enforcement
and Criminal Justice
U.S. Department of Justice
Washington, D.C. 20531

(CUT ALONG THIS LINE)

(fold)

11. If you are not currently registered with NCJRS and would like to be placed on their mailing list, check here. ☐